

CHILDREN'S RIGHTS - HEALTH

III. CONCLUDING OBSERVATIONS, CONTINUED

CERD

- United Kingdom of Great Britain and Northern Ireland, CERD, A/58/18 (2003) 88 at para. 542.

542. The Committee expresses concern about the discrimination faced by Roma/Gypsies/Travellers that is reflected, *inter alia*, in their higher child mortality rate, exclusion from schools, shorter life expectancy, poor housing conditions, lack of available camping sites, high unemployment rate and limited access to health services.

The Committee draws the attention of the State party to its general recommendation XXVII on discrimination against Roma and recommends that the State party develop further appropriate modalities of communication and dialogue between Roma/Gypsy/Traveller communities and central authorities. It also recommends that the State party adopt national strategies and programmes with a view to improving the situation of the Roma/Gypsies/Travellers against discrimination by State bodies, persons or organizations.

ICCPR

- Albania, ICCPR, A/60/40 vol. I (2004) 25 at para. 82(14).

(14) The Committee is concerned about the high rate of infant mortality and of abortion and the apparent lack of family planning and social care in some parts of the State party (arts. 6, 24 and 26).

The State party should take steps to ensure that abortion is not used as a method of family planning and take appropriate measures to reduce infant mortality.

- Yemen, ICCPR, A/60/40 vol. I (2005) 65 at para. 91(21).

(21) The Committee notes with concern that the Personal Status Act allows children aged 15 to marry, and that early marriage of girls, sometimes below the age fixed by the law, persists. It is also concerned about marriages of under-age children contracted by their guardians. This practice jeopardizes the effectiveness of the consent given by spouses, their right to education and, in the case of girls, their right to health (arts. 3, 23 and 24).

The State party should raise the minimum age of marriage and ensure that it is respected in practice.

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ICESCR

- Colombia, ICESCR, E/2002/22 (2001) 110 at paras. 774 and 795.

774. The Committee is concerned about the reduction of the vaccination programs in the country, which has resulted in a heightened exposure of the population, especially children, to a variety of infectious diseases.

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795. The Committee calls upon the State party to increase its efforts concerning vaccination programmes to combat diseases and infections, especially among children.
- Jamaica, ICESCR, E/2002/22 (2001) 130 at paras. 935, 940 and 953.

935. The Committee expresses its concern about the situation of boys in the State party, where serious problems exist such as increasing rates of school dropout, juvenile criminality and delinquency, a high suicide rate, drug addiction and unemployment among the youth.

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940. The Committee is concerned about the health of adolescents in the State party, who are at high risk of many diseases, in particular those related to sexual and reproductive health. The Committee also notes with concern the rising incidence of teenage pregnancies, leading to higher mortality rates related to abortion of unwanted pregnancies and to higher dropout rates for girls who leave school to take care of their babies.

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953. The Committee urges the State party to ensure the provision of education on sexual and reproductive health, and to facilitate access to contraceptives by adolescents where appropriate. The Committee recommends the establishment of benchmarks in this respect, on the basis of comparative data to be discussed in the next periodic report, and refers the State party to paragraphs 57 and 58 of its General Comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant).
- Czech Republic, ICESCR, E/2003/22 (2002) 25 at paras. 88 and 108.

88. The Committee is deeply concerned about the high rate of drugs and tobacco use as well as the high level of alcohol consumption, especially among children and youth.

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108. The Committee calls upon the State party to adopt effective measures to reduce tobacco smoking, drug abuse and alcohol consumption, especially among children.

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- United Kingdom of Great Britain and Northern Ireland, ICESCR, E/2003/22 (2002) 39 at paras. 224 and 243.

224. The Committee is concerned about the high incidence of HIV/AIDS in some of the State party's Caribbean territories. It is particularly concerned about the number of HIV/AIDS cases in the Turks and Caicos Islands and St. Vincent and the Grenadines, and the lack of availability of, and access to, anti-retroviral medication for migrant workers and AIDS orphans.

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243. In the context of HIV/AIDS, the Committee urges the State party to ensure the availability of, and equal access to, anti-retroviral medication for all individuals in Overseas Dependent Territories.
- Poland, ICESCR, E/2003/22 (2002) 54 at paras. 364 and 386.

364. The Committee expresses its concern that the relatively high incidence of child labour in rural areas, as acknowledged by the State party's delegation, has a negative impact on children's health and on their right to education.

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386. The Committee...recommends the adoption of legislation in order to regulate child labour in rural areas in such a way that the right to health and right to education of working children are fully protected.
- Luxembourg, ICESCR, E/2004/22 (2003) 24 at paras. 85, 86, 99 and 100.

85. The Committee reiterates its concern about adolescent health problems, owing in particular to drug abuse and high rates of alcohol and tobacco consumption.

86. The Committee is concerned about the high incidence of suicide in the State party, especially among young people.

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99. The Committee recommends that the State party strengthen its efforts to prevent and combat drug abuse, especially among young people, and step up its campaign against alcohol and tobacco abuse.

100. The Committee recommends that the State party take measures to address the high incidence of suicide, especially among young people.
- Brazil, ICESCR, E/2004/22 (2003) 28 at paras. 145 and 169.

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145. Although the State party has reduced HIV/AIDS-related mortality, the Committee is concerned that, despite these efforts, there has been a significant increase in cases among women and children.

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169. The Committee urges the State party to continue its prevention and care efforts in the field of health by providing sexual and reproductive health services to the population, with particular emphasis on those for women, young people and children.

- Republic of Moldova, ICESCR, E/2004/22 (2003) 49 at paras. 317 and 339.

317. The Committee is concerned about the continuing high level of infant and maternal mortality. It is also concerned that the number of abortions remains high (15.6 per 1,000 women of fertile age in 2002), notwithstanding the ongoing programmes in the area of reproductive health.

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339. The Committee urges the State party to reinforce its efforts to reduce infant and maternal mortality by increasing health coverage for women and children. The Committee calls upon the State party to strengthen efforts to promote awareness of sexual and reproductive health, safe contraceptive methods and the health risk of using abortion as a method of birth control...

- Yemen, ICESCR, E/2004/22 (2003) 55 at paras. 358 and 377.

358. The Committee is concerned about the high rate of infant and maternal mortality and the insufficient availability of health services, especially for women in rural areas. The Committee is also concerned about the lack of a comprehensive sexual and reproductive health programme in the State party.

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377. The Committee urges the State party to increase its efforts to reduce the rate of infant and maternal mortality by providing adequate access to health services and vaccination programmes, especially for women and children in rural areas. The Committee urges the State party to adopt and implement a national sexual and reproductive health programme.

- Guatemala, ICESCR, E/2004/22 (2003) 59 at paras. 417 and 435.

417. The Committee is concerned about the current state of sexual and reproductive health of women and that the incidence of child and maternal mortality is relatively high.

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435. The Committee recommends that the State party take measures to reduce child and maternal mortality, and in particular intensify the implementation of its national programme on reproductive health, provide further assistance and training to midwives, organize educational campaigns regarding women's sexual and reproductive health, and include such subjects in the school curricula.

- Russian Federation, ICESCR, E/2004/22 (2003) 64 at paras. 476 and 504.

476. The Committee notes with concern the sharp increase in the HIV-infection rate during the last three years, the increasing incidence of HIV contracted through heterosexual contacts, and the increasing number of children born of HIV-positive mothers.

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504. The Committee, in line with its general comment No. 14 (2000) on the right to the highest attainable standard of health (art. 12 of the Covenant), calls upon the State party to take urgent measures to stop the spread of HIV/AIDS. The State party should ensure that all persons know about the disease and how to protect themselves, including through sex education in schools, and that methods of protection are available at affordable prices. Moreover, awareness-raising campaigns should aim at preventing discrimination against HIV-positive people.

- Democratic People's Republic of Korea, ICESCR, E/2004/22 (2003) 71 at paras. 531 and 552.

531. The Committee expresses deep concern about the high rate of children under five that are chronically malnourished (45 per cent according to government statistics), as well as the high incidence of poverty-related diseases.

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552. The Committee recommends that increased attention be paid by the competent authorities to providing adequate nutrition to children suffering from chronic malnutrition as well as adequate health care, to address the potentially severe consequences on their health.

- Greece, ICESCR, E/2005/22 (2004) 23 at paras. 145 and 167.

145. The Committee notes with concern that the State party has one of the highest tobacco and alcohol consumption rates in Europe, in particular, among minors.

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167. The Committee recommends that the State party strictly enforce the prohibition of smoking in public areas and of the sale of strong alcoholic beverages to minors, adopt effective measures against “subtle” forms of tobacco and alcohol advertisement, in addition to existing restrictions, and intensify its efforts in the field of anti-smoking education and information campaigns.

- Zambia, ICESCR, E/2006/22 (2005) 19 at paras. 93 and 115.

93. The Committee is concerned about the large number of street children, especially in the capital, Lusaka, who are particularly exposed to physical and sexual abuse, prostitution, and a high risk of HIV infection.

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115. The Committee reiterates the recommendation made by the Committee on the Rights of the Child at its thirty-third session in 2003 (CRC/C/132, chap. II, para. 220) and, in particular, that street children be provided with preventive and rehabilitative services for physical and sexual abuse, as well as adequate food, clothing, housing, health care and educational opportunities...

- Norway, ICESCR, E/2006/22 (2005) 48 at paras. 347, 348, 367 and 368.

347. The Committee is concerned about information received that many asylum-seeking children who suffer from trauma and illness are not afforded adequate assistance.

348. The Committee is concerned about the high incidence of eating disorders among adolescents in the State party and about the high incidence of suicide among adolescent boys aged between 15 and 19.

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367. The Committee urges the State party to strengthen measures taken to ensure adequate health and psychiatric services for asylum-seeking children.

368. The Committee recommends that the State party continue and strengthen the measures taken to implement the coherent strategy developed in 2000 against eating disorders, and also ensure adequate follow-up to the National Plan for Suicide Prevention.

CEDAW

- Estonia, CEDAW, A/57/38 part I (2002) 13 at para. 100.

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100. The Committee recommends that the State party amend its law on statutory rape and bring its law on early marriage into conformity with article 16, paragraph 2, of the Convention, and its own policies on the reproductive health of women and girls...

- Trinidad and Tobago, CEDAW, A/57/38 part I (2002) 19 at para. 157.

157. The Committee is concerned that child marriages are sanctioned under several of the legal regimes regulating marriage. The Committee notes that such marriages are prohibited by article 16, paragraph 2, of the Convention, and that such marriages have serious consequences for girls, including with regard to health. The Committee is concerned about the high rate of teenage pregnancy and its consequences for girls' enjoyment of the rights guaranteed by the Convention, in particular in the sphere of education.

- Uruguay, CEDAW, A/57/38 part I (2002) 23 at paras. 202 and 203.

202. The Committee notes with concern the high pregnancy rates among adolescents, and that young adolescents make up a high proportion of this group. It also notes the high rate of deaths related to abortion among adolescents.

203. The Committee recommends that the State party examine the situation of adolescents as a matter of priority, and urges it to take action to ensure that effective reproductive and sexual health services are provided and that due attention is paid to the information requirements of adolescents, including through programmes and policies to provide information on the different kinds of contraceptives available and how they are to be obtained, on the basis of the principle that family planning is the responsibility of both the man and the woman...

- Iceland, CEDAW, A/57/38 part I (2002) 27 at paras. 251 and 252.

251. The Committee expresses concern at the high level of alcohol consumption among women, and the level of alcohol and drug consumption among young people, including girls.

252. The Committee urges the State party to take measures to address alcohol and drug abuse, especially among women and girls.

- Suriname, CEDAW, A/57/38 part II (2002) 82 at paras. 61 and 62.

61. The Committee notes with concern that rates of HIV/AIDS infection have increased and

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that the majority of those who are HIV positive are young people between the ages of 15 and 29, with girls tending to become infected at a younger age than boys.

62. The Committee urges the State party to address the gender aspects of HIV/AIDS, including the power differential between women and men, which often prevents women from insisting on safe and responsible sex practices. It encourages the State party to strengthen its efforts to raise awareness and educate women and girls on ways of self-protection. The Committee urges the State party to ensure that women and girls have equal rights and access to health care and social services.

- Saint Kitts and Nevis, CEDAW, A/57/38 part II (2002) 90 at paras. 101 and 102.

101. The Committee expresses concern about the high rate of teenage pregnancy.

102. The Committee urges the State party to intensify awareness raising and sexual education aimed at responsible sexual behaviour in the schools and society at large in order to prevent pregnancies...

- Belgium, CEDAW, A/57/38 part II (2002) 95 at paras. 157 and 158.

157. ...[T]he Committee is...concerned about the phenomenon of teenage pregnancy and voluntary termination of pregnancy among women as young as 14.

158. The Committee...calls on the State party to formulate policies, strategies and programmes to prevent early pregnancies, including education campaigns addressed to young men as well as young women.

- Zambia, CEDAW, A/57/38 part II (2002) 107 at paras. 244 and 245.

244. The Committee expresses concern at the increasing rate of HIV/AIDS and the absence of measures for the care of women and girls infected with HIV/AIDS.

245. The Committee...urges the State party to ensure that women and girls infected with HIV/AIDS are not discriminated against and are given appropriate assistance...

- Uganda, CEDAW, A/57/38 part III (2002) 164 at paras. 147 and 148.

147. The Committee is concerned about the high rate of teenage pregnancy and its

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consequences for girls' enjoyment of the rights in the Convention, particularly in the spheres of education and health. It is also concerned at the high rate of maternal mortality among teenage girls, particularly in the rural areas, frequently as a result of clandestine abortion.

148. The Committee recommends that the State party design and implement national health, including reproductive health, programmes to prevent early pregnancies and induced abortions in rural and urban areas. The Committee also urges the State party to reinforce programmes of sexual and reproductive health education for both girls and boys. It also calls on the State party to provide safe and affordable contraceptives.

- Guatemala, CEDAW, A/57/38 part III (2002) 171 at paras. 196, 197, 202 and 203.

196. ...The Committee is...concerned that the minimum age at which a girl can legally contract matrimony - 14 years - is too low and can impact negatively on their health and impede their education.

197. ...The Committee urges the State party to develop awareness campaigns on the negative implications of early marriage on the health and education of girls.

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202. The Committee notes with concern the high incidence of child labour in Guatemala, in particular among girls, and its implications for their personal development and enjoyment of the right to education and health care.

203. The Committee urges the State party to take steps to ensure that all children, especially girls, have access to basic education, health care and the protection of minimum labour standards elaborated by the International Labour Organization.

See also:

- Yemen, CEDAW, A/57/38 part III (2002) 200 at paras. 394 and 395.
- Peru, CEDAW, A/57/38 part III (2002) 212 at paras. 488 and 489.

- Barbados, CEDAW, A/57/38 part III (2002) 177 at paras. 249 and 250.

249. The Committee is concerned about the increasing number of teenage pregnancies and its consequences for girls' enjoyment of the rights guaranteed by the Convention, particularly in the spheres of education and health.

250. The Committee recommends that the State party increase efforts to include age-appropriate sex education in school curricula and to conduct awareness campaigns so as to prevent teenage pregnancy...

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- Mexico, CEDAW, A/57/38 part III (2002) 205 at paras. 445 and 446.

445. The Committee notes with concern the high maternal mortality rate, particularly as a result of abortions among adolescents and the inadequate education, dissemination, accessibility and supply of contraceptive devices especially to poor women in rural and urban areas and to adolescents. The Committee further notes with concern the increase in HIV/AIDS, mostly among adolescent girls.

446. The Committee recommends that the State party consider the situation of the adolescent population as a matter of priority and urges it to adopt measures guaranteeing access to reproductive and sexual health services with attention to the information needs of adolescents; it recommends further that it implement programmes and policies to increase the knowledge of the various contraceptive methods and their availability on the understanding that family planning is the responsibility of both partners. It further urges the State party to promote sex education for adolescents with particular attention to the prevention and elimination of HIV/AIDS.

- Peru, CEDAW, A/57/38 part III (2002) 212 at paras. 482 and 483.

482. ...The Committee notes with concern the high maternal mortality rate and particularly mortality resulting from illegal abortions, including among adolescents, and the requirements that may prevent women from obtaining medical treatment in abortion cases. The Committee is also concerned about the inadequacy of sex education and the limited dissemination, availability and supply of all contraceptive methods, particularly among indigenous women and in the most vulnerable sectors of the population, as well as among adolescents. The Committee notes with concern that the rate of HIV/AIDS infection among women is increasing, particularly among young women.

483. ...The Committee recommends that the State party should give priority to the situation of the adolescent population and also urges it to adopt measures to strengthen the family planning programme and to guarantee access to sexual and reproductive health services, attending to the information needs of the population, particularly adolescents, by pursuing programmes and policies geared to increasing knowledge about various contraceptive methods and their availability, on the understanding that family planning is the responsibility of both partners. It also urges the State party to promote sex education for the entire population, including adolescents, giving special attention to efforts to prevent and combat HIV/AIDS and to improve the dissemination of information about risks and ways of transmission.

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- Congo, CEDAW, A/58/38 part I (2003) 29 at paras. 176 and 177.

176. The Committee expresses concern that the State party has not developed a strategic plan to address the issue of HIV/AIDS as it affects women, nor has it taken measures for the care of women and girls infected with and affected by HIV/AIDS.

177. The Committee urges the State party to take comprehensive measures to combat the HIV/AIDS pandemic, to take strong preventive measures and to ensure that women and girls infected with HIV/AIDS are not discriminated against and are given appropriate assistance.

- El Salvador, CEDAW, A/58/38 part I (2003) 41 at paras. 259 and 260.

259. The Committee observes with concern the lack of necessary sex education programmes and their dissemination and the resulting impact on the high rate of teenage pregnancy, in particular in rural areas, and on the increase in the spread of sexually transmitted diseases and HIV/AIDS...

260. The Committee recommends to the State party that it adopt measures to guarantee and expand access to health-care services, paying special attention to the implementation of programmes and policies for disseminating and raising awareness of sex education, particularly among adolescents, including information on contraceptives and their availability in society as a whole, taking into account that family planning is the responsibility of the couple and placing special emphasis on preventing and combating sexually transmitted diseases and HIV/AIDS.

- Costa Rica, CEDAW, A/58/38 part II (2003) 86 at paras. 68 and 69.

68. ...The Committee...is...concerned that, despite the steps taken and the adoption of the Adolescent Mothers' Protection Act, there is continued increase in teenage pregnancies and apparent lack of awareness among men, teenage or adult, of their responsibility as fathers.

69. The Committee...requests the State party to continue strengthening support programmes for pregnant teenagers and mothers and sex education programmes aimed at preventing pregnancies among the teenage population.

- Morocco, CEDAW, A/58/38 part II (2003) 101 at paras. 176 and 177.

176. The Committee notes that, although they constitute a large proportion of the population, rural women and girls continue to be marginalized in their access to government

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services.

177. The Committee urges the State party to take special measures to ensure that the needs and concerns of rural women are fully integrated in the formulation and implementation of all sectoral policies and programmes and to ensure that rural women and girls have full access to education and health-care facilities.

- New Zealand, CEDAW, A/58/38 part II (2003) 138 at paras. 423-426.

423. ...The Committee is...concerned about Maori and Pacific women and girls' unfavourable health situation, including their limited access to health care and their high mortality rate as well as the high incidence of domestic violence and of arranged marriages...

424. The Committee urges the State party to continue to implement the "Treaty of Waitangi" and to monitor the impact of measures taken through the "Reducing Inequalities" programme on Maori and Pacific women and girls, in particular in the social, economic and political areas and in criminal justice. It also recommends that the State party implement targeted measures to respond to the needs of Maori and Pacific women and girls, and to continue to invest in Maori and Pacific women and girls, taking into account their linguistic and cultural interests.

425. Taking note of the efforts made by the State party to combat discrimination against refugee and migrant women in New Zealand, the Committee expresses concern at the continuing discrimination suffered by immigrant, refugee and minority women and girls, based on their ethnic background, particularly with respect to education, health, employment, violence against women, and in regard to permanent residence status.

426. The Committee urges the State party to take effective measures to eliminate discrimination against refugee, migrant and minority women and girls, and to strengthen its efforts to combat xenophobia and racism in New Zealand. It also encourages the State party to be more proactive in its measures to prevent discrimination against these women and girls within their communities and in society at large, to combat violence against them and to increase their awareness of the availability of social services and legal remedies, and to provide for their needs with respect to education, employment and health care...

- Equatorial Guinea, CEDAW, A/59/38 part II (2004) 126 at paras. 205 and 206.

205. The Committee expresses concern about the lack of access of women and girls to adequate health-care services, including pre-natal and post-natal care and family planning information, particularly in rural areas. The Committee is also concerned about the alarming

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rate of teenage pregnancy, which presents a significant obstacle to girls' educational opportunities and economic empowerment.

206. The Committee recommends that the State party make every effort to raise awareness of and increase access to health-care facilities and medical assistance by trained personnel, particularly in rural areas, and in pre- and post-natal care. The Committee urges the State party to take immediate steps to make family planning information available to women and girls, including in rural areas.

- Argentina, CEDAW, A/59/38 part II (2004) 155 at paras. 380 and 381.

380. While appreciating the establishment of the National Programme for Sexual Health and Responsible Parenthood, the Committee is concerned about the lack of information on the State party's efforts to evaluate the effectiveness of that Programme. The Committee also expresses concern about the high pregnancy rate among adolescents, the high rate of maternal mortality, one third of which is caused by illegal abortion, and the increase in sexually transmitted diseases, including HIV/AIDS. The Committee is also concerned that the crisis is having a negative impact on women's and adolescent girls' access to comprehensive health services, particularly for reproductive and sexual health.

381. The Committee urges the State party to ensure that women's and adolescent girls' access to health services, including sexual and reproductive health services, is fully ensured at the present time. It calls upon the State party to ensure that education on sexual and reproductive health is undertaken in all schools. It also urges the State party to adopt all necessary measures to reduce the high maternal mortality rate, as well as the rate of sexually transmitted diseases, including HIV/AIDS, among women...

- Gambia, CEDAW, A/60/38 part II (2005) 122 at paras. 203 and 204.

203. While recognizing the progress made in lowering maternal mortality from 1,050 per 100,000 live births in 1990 to 730 per 100,000 live births in 2001, and infant mortality from 92 per 1,000 live births in 1990 to 84 live births in 2001, the Committee remains concerned that these rates continue to be very high. The Committee is particularly concerned about the lack of access of women to adequate prenatal and post-natal care.

204. The Committee recommends that the State party make every effort to decrease the high maternal and infant mortality rates, and increase women's access to health services, including health-care facilities and medical assistance by trained personnel, especially with regard to prenatal and post-natal care. It also calls upon the State party to implement awareness-raising campaigns to enhance women's knowledge of health issues.

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CRC

- Kenya, CRC, CRC/C/111 (2001) 21 at paras. 108, 109, 124-129, 136 and 137.

108. The Committee notes that the State party has established various programmes under the National Programme of Action for Children to ensure the survival and development of children. However, it is concerned that the Programme has not been sufficiently implemented and that the impact of HIV/AIDS, mounting economic challenges and other socio-economic difficulties continue to threaten the right to life, survival and development of children in the State party, especially those living in rural areas and increasingly those living in crowded urban centres.

109. The Committee encourages the State party to reinforce its efforts to provide greater protection and support to children whose right to life, survival and development is unduly threatened by the difficult socio-economic realities of the State party. In this connection, the Committee recommends that the State party take all effective measures to strengthen [its technical cooperation with, *inter alia*, UNICEF, UNAIDS, UNDP and WHO.]

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124. The Committee notes the efforts of the State party to improve health care for children through, *inter alia*, the Health Policy Framework, the Expanded Programme on Immunization, and the National Plan of Action for Nutrition. However, the Committee is concerned about the insufficient numbers of trained medical personnel; the high maternal, infant, and under-five mortality rates; the high rate of malnutrition; the increasing incidence of HIV/AIDS; the high incidence of malaria and acute respiratory infections; and poor sanitation and limited access to safe drinking water, especially in rural areas. It is also noted with concern that the State party's cost-sharing policy has limited access to basic health care, especially for poor families.

125. The Committee recommends that the State party allocate appropriate resources to reinforce its policies and programmes to reduce the high rate of malnutrition and improve health care for children. Additionally, the State party should take all effective measures to increase the numbers of trained medical and other health personnel, including traditional healers; facilitate cooperation between trained medical personnel and traditional healers, especially midwives; reduce the incidence of maternal, infant and under-five mortality; prevent and combat malnutrition; increase access to safe drinking water; improve sanitation; and reduce the incidence of malaria and acute respiratory infections. Additionally, the State party should take effective measures to facilitate greater access to health services by, *inter alia*, abolishing or rationalizing cost sharing in primary health care to reduce the burden on poor families. The Committee encourages the State party to seek technical cooperation for the Integrated Management of Childhood Illnesses and for other measures for child health improvement from, *inter alia*, WHO and UNICEF.

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126. The Committee expresses its concern with respect to the limited availability of programmes and services and the lack of adequate data in the area of adolescent health, including early marriage and pregnancy, HIV/AIDS and sexually transmitted diseases (STDs), abortion, violence, suicide, mental health, and alcohol and substance abuse. The Committee is also concerned at the increasing number of orphans due to HIV/AIDS and at the decrease in expenditure for HIV/AIDS control.

127. The Committee recommends that the State party strengthen adolescent health policies, including reproductive health education. Further, the Committee suggests that a comprehensive and multidisciplinary study be undertaken to assess the extent of adolescent health problems, including the special situation of children infected and/or affected by HIV/AIDS and STDs. Additionally, it is recommended that the State party allocate adequate human and financial resources to increase the number of social workers and psychologists and to develop youth-sensitive care, counselling and rehabilitation facilities for adolescents. It is further recommended that the State party seek technical assistance from, *inter alia*, UNICEF and WHO.

128. The Committee is deeply concerned that female genital mutilation (FGM) is not prohibited by law and is still widely practised in the State party. Concern is also expressed about the persistent practice of other harmful traditional practices, including early and forced marriages.

129. The Committee recommends that the State party take legislative and awareness-raising measures to prohibit and eradicate the practice of FGM and other traditional practices harmful to the health, survival and development of children, boys as well as girls. The Committee urges the State party to introduce sensitization programmes for practitioners and the general public to change traditional attitudes and discourage harmful practices.

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136. The Committee recognizes the efforts of the State party, in cooperation with the Office of the UNHCR, to accommodate refugees, including unaccompanied minors. However, the Committee remains concerned about the inadequate standards, procedures and policies to guarantee and protect the rights of refugee, asylum-seeking and unaccompanied children, including their access to adequate education, health and other social services...

137. The Committee recommends that the State party take effective legal and other measures to ensure adequate protection of refugee, asylum-seeking and unaccompanied children, especially girls, and to implement further policies and programmes to guarantee their adequate access to health, education and social services... The Committee urges the State party to reinforce its resettlement programme to provide lasting relief for internally displaced families and guarantee their rights to adequate housing, education, health and social services. The Committee encourages the State party to undertake efforts to reinforce its cooperation with UNHCR.

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See also:

- United Republic of Tanzania, CRC, CRC/C/108 (2001) 71 at paras. 382, 383, 398-401 and 403.
- Gambia, CRC, CRC/C/111 (2001) 89 at paras. 440-443, 446, 467, 454 and 455.
- Malawi, CRC, CRC/C/114 (2002) 104 at paras. 406, 407, 422 and 423.
- Niger, CRC, CRC/C/118 (2002) 37 at paras. 155 and 156.

- Oman, CRC, CRC/C/111 (2001) 36 at paras. 174, 175 and 185-188.

174. The Committee is concerned at the disparities in the enjoyment of economic and social rights, particularly the rights to health and education, experienced by non-national children and children living in rural areas, such as al-Wusta.

175. The Committee recommends that the State party:

(a) Take all necessary measures to ensure that all children within its jurisdiction enjoy all the rights set out in the Convention without discrimination, in accordance with article 2;

(b) Continue to prioritize and target resources and social services for children belonging to the most vulnerable groups, especially in areas which lack basic services; and

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185. Noting significant achievements in the reduction of infant and child mortality, and the high levels of immunization coverage, the Committee is concerned that:

(a) Malnutrition affects about 25 per cent of children under 5;

(b) Thirty per cent of pregnant women and 20 per cent of children under 5 still suffer from anaemia;

(c) Thirty-nine per cent of breastfeeding mothers have vitamin A deficiency; and

(d) Ten per cent of school-age children suffer from mild to moderate iodine deficiency disorders.

186. The Committee recommends that the State party:

(a) Make greater efforts to address these issues through continued allocation of the required resources;

(b) Strengthen health and nutrition education such as through public-information campaigns and its inclusion in the curricula; and

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(c) Seek assistance from UNICEF and WHO.

187. The Committee is concerned that insufficient information is available in relation to adolescent health, such as access to reproductive health services and mental health counselling services.

188. The Committee recommends that the State party:

(a) Ensure that adolescents have access to and are provided with education on reproductive health and other adolescent health issues, including mental health, as well as with child-sensitive and confidential counselling services;

(b) Strengthen efforts in the area of adolescent health education within the educational system; and

(c) Seek assistance from, among others, UNICEF and WHO.

See also:

- Qatar, CRC, CRC/C/111 (2001) 59 at paras. 295, 296, 310 and 311.
- Portugal, CRC, CRC/C/111 (2001) 48 at paras. 214, 215, 228, 229, 238, 239, 242 and 243.

214. The Committee notes a trend of increasing resources being allocated to the education, health and social welfare sectors and the significant participation of civil society, including NGOs, in the provision of such services. However, the Committee remains concerned that there is no information indicating that priority is given to the implementation of children's social rights in the budgets of the State party at national, regional and local levels.

215. With a view to achieving full application of article 4 and to eradicate poverty, the Committee urges the State party to consider ways in which respect can be guaranteed for the rights of all children including children from disadvantaged backgrounds and from isolated communities, in particular in the sectors of health, education and other social welfare services and in conformity with article 2.

...

228. The Committee joins the State party in expressing concern at the extremely high number of accidents, including road accidents, of which children are victims.

229. The Committee recommends that the State party, taking into account the conclusions of its Working Group for the Prevention of Accidents, promote initiatives with a view to diminishing the number and consequences of accidents involving children through, *inter alia*, legislation, standardization of toys and child care articles and the training of relevant

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professionals and of families with children in the prevention of accidents.

...

238. The Committee welcomes the progress made in recent years in reducing the child mortality rate and also welcomes the combining, within the State party's primary health care, of private and public health care provision at a very small charge, and the hospital services offered at two levels. The Committee is concerned, however, that:

(a) Infant mortality, under-5 mortality and child tuberculosis rates remain higher than the regional average, particularly in some northern rural areas, and are also too high in the Azores;

(b) The public health care system, including mental health care services, in the State party requires strengthening and that there is insufficient access to primary health care facilities in some parts of the country;

(c) The State party's health expenditure is notably lower than that of other countries in the region and that this negatively affects respect for children's right to health care.

239. The Committee recommends that the State party:

(a) Increase investment in public health care facilities, including investments by civil society;

(b) Ensure the equal access of all children to the highest attainable standard of health care in all areas of the country.

...

242. Noting the establishment of a network functioning in cooperation with the Ministries of Health and Education toward education on adolescent health, the Committee remains concerned that the incidence of teenage pregnancies remains high and at the absence of data on abortions.

243. The Committee recommends that the State party:

(a) Take steps to address adolescent health concerns, including teenage pregnancy and sexually transmitted diseases, through, *inter alia*, sex education, including about birth control measures such as the use of condoms;

(b) Strengthen its mental health and counselling services, ensuring that these are accessible and sensitive to adolescents.

- Qatar, CRC, CRC/C/111 (2001) 59 at paras. 320 and 321.

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320. The Committee is seriously concerned at the hazardous situation of children involved in camel racing. In particular, it is concerned that sometimes very young children are involved; are trafficked, particularly from Africa (i.e. the Sudan) and South Asia; and are denied education and health care; and that such involvement produces serious injuries, even fatalities. It concurs with the ILO Committee of Experts on the Application of Conventions and Recommendations which has previously indicated that the employment of children as camel jockeys constitutes dangerous work under article 3 (1) of ILO Convention No. 138.

321. The Committee recommends that the State party in accordance with article 32 of the Convention and the ILO Worst Forms of Child Labour Convention, 1999 (No. 182), which the State party has ratified:

(a) Take immediate and effective steps to ensure the implementation of article 32 of the Convention and ILO Convention No. 182, taking into account ILO Recommendation No. 190;

(b) Implement - in compliance with all international labour standards - the recommendations of the Committee established by the Supreme Council of Family Affairs to examine the issue of children in camel racing;

(c) Continue to strengthen its efforts to undertake a regional initiative in this regard, including bilateral and multilateral cooperation; and

(d) Seek assistance from ILO.

- Cameroon, CRC, CRC/C/111 (2001) 71 at paras. 375, 376, 391 and 393-395.

375. Noting the current efforts by the State party (notably Act No. 83/013 of 21 July 1983 on the Protection of Disabled Persons and the Establishment of a Sub-Department for the Protection of Disabled Persons within the Ministry of Social Affairs), the Committee is concerned at the lack of statistical data on children with disabilities in the State party, at the situation of children with physical and mental disabilities and, in particular, at the limited specialized health care, education and employment possibilities available for them. The Committee is concerned further that poor health conditions and poverty are leading to an increase in the number of children with disabilities.

376. The Committee recommends that the State party:

(a) Ensure the use of adequate and comprehensive data in the development of policies and programmes for children with disabilities;

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(b) Review the situation of these children in terms of their access to suitable health care, education services and employment opportunities;

...

(d) Allocate adequate resources to strengthen services for children with disabilities, to support their families and for training of professionals in the field;

...

(f) Carry out genetic and other studies to assess the causes of disabilities in the State party;

...

(h) Seek assistance from, *inter alia*, UNICEF and WHO.

...

391. ...[T]he Committee is deeply concerned at the poor conditions of detention, due notably to overcrowding in detention and prison facilities, overuse and long periods of pre-trial detention, the length of time before the hearing of juvenile cases, the absence of assistance towards the rehabilitation and reintegration of juveniles following judicial proceedings, and the sporadic training of judges, prosecutors and prison staff...

...

393. ...[T]he Committee recommends that the State party:

...

(e) Protect the rights of children deprived of their liberty and improve their conditions of detention and imprisonment, including through addressing the problem of overcrowding in prisons and establishing special prisons for children with conditions suited to their age and needs, and in the meantime guarantee the separation of children from adults in prisons and places of pre-trial detention throughout the country;

...

(h) Introduce regular medical examination of inmates by independent medical staff;

...

394. The Committee is deeply concerned about the poor situation of Pygmy children and children of similar marginalized groups, and at the lack of respect for almost all of their rights, including the rights to health care, to education, to survival and development, to enjoy their own culture and to be protected from discrimination...

395. The Committee urges the State party urgently to gather additional information on the Pygmies and other marginalized groups of the population, and to elaborate a plan of action to protect their rights.

See also:

- Burkina Faso, CRC, CRC/C/121 (2002) 103 at paras. 473 and 474.
- Uzbekistan, CRC, CRC/C/111 (2001) 117 at paras. 551, 552, 572, 573, 576 and 577.

551. The Committee is concerned that in practice the system of residence registration in

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Uzbekistan may restrict the rights of children belonging to vulnerable groups (for example, refugees, non-citizens, migrants and persons internally displaced owing to conflict or economic or environmental factors) to access to health care and other social services. In particular, the Committee is concerned that because these rules are issued in various forms (decrees, regulations, instructions, etc.), they may not be sufficiently clear and may be open to abuse by officials reluctant to see migrants settle in their jurisdiction.

552. The Committee recommends that the State party:

(a) Ensure that the registration system is clear and precise and does not pose a barrier to access to services, particularly for the most vulnerable groups;

...

572. While noting efforts to strengthen the primary health sector, the Committee is nevertheless concerned at the deterioration in the health of the most vulnerable groups, especially women and children, and in particular at:

The high infant mortality rates;

The high under-five mortality rates;

The high maternal mortality rates;

The high incidence of infectious diseases, such as tuberculosis, despite high rates of immunization;

The fact that accidents and injuries are a main cause of mortality and morbidity among children and that children in rural and disadvantaged regions, such as Karakalpakstan and Khorezm, suffer the most.

573. The Committee recommends that the State party:

(a) Ensure that its commitment to primary health care is met by adequate allocation of human and financial resources, and that all children, especially from the most vulnerable groups, have access to health care;

(b) Continue and strengthen implementation of the WHO Promoting Effective Perinatal Care strategy, to address high maternal, infant and child mortality;

(c) Ensure full implementation of the Integrated Management of Childhood Illnesses strategy;

(d) Implement WHO recommendations and guidelines, such as "Essential newborn care and

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breastfeeding", "First action plan for food and nutrition", and "Feeding and nutrition of infants and young children", to address nutritional deficiencies;

(e) Implement the 2000 Amsterdam Declaration to Stop TB and the Strategy to Roll Back Malaria in the European Region;

(f) Implement the recommendations of the WHO report, "Childhood injuries - a priority area for the transition countries of Central and Eastern Europe and the newly independent States";

(g) Continue to cooperate with and seek assistance from, among others, UNICEF and WHO.

...

576. In the light of article 24 of the Convention, the Committee expresses its concern at problems of poor access to safe water and food security, exposure to toxic chemicals, and other hazards arising from the Aral Sea disaster, which negatively impact upon the health of children in the Karalpakstan region.

577. In the light of article 24 (c) of the Convention, the Committee recommends that the State party take all appropriate measures, including seeking international cooperation, to prevent and combat the damaging effects of environmental degradation on children, including pollution and contamination of water supplies.

- Cape Verde, CRC, CRC/C/111 (2001) 135 at paras. 640, 641, 646, 647, 658 and 659.

640. While noting the significant progress made, the Committee remains concerned at health problems among children such as the deaths of infants and children caused by diarrhoeal diseases, respiratory infections and malnutrition. The Committee is concerned, in particular, by the limited access to health services of children living in rural communities, and particularly on more remote islands, and the threat of HIV/AIDS.

641. The Committee recommends that the State party:

(a) Pursue and strengthen its efforts to improve access to health care, including primary health care, giving particular attention to major causes of infant and child mortality and to major illnesses and diseases;

(b) Give particular attention to children living in rural areas and on remote islands and to the prevention of the spread of HIV/AIDS.

...

646. The Committee is concerned that adolescents face numerous risks, including from life on the street, sexual exploitation, mistreatment, alcohol, tobacco and drug abuse and delinquency, and that there are no statistics available to indicate the number of adolescents

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exposed to these dangers. The Committee is concerned, in addition, at the high rates of teenage pregnancy, the incidence of sexually transmitted diseases, the potential spread of HIV/AIDS and the incidence of unsafe abortions occurring outside the health service structure.

647. The Committee recommends that the State party:

(a) Ensure that its child rights policy takes into consideration the risks faced by adolescents and that every effort is made to ensure that adolescents have access to appropriate health, including mental health, care and legal assistance;

(b) Give special attention to sexual exploitation, mistreatment, and alcohol, tobacco and substance abuse;

(c) Give special attention to teenage pregnancy, sexually transmitted diseases, HIV/AIDS and unsafe abortions, including through the provision of sex education for all adolescents;

(d) Ensure the provision of child-sensitive health assistance, education and counselling, in full respect of the child's right to privacy;

(e) Seek technical assistance from, among others, UNFPA and WHO.

...

658. Noting the work of the national committee combating drug abuse, the Committee is concerned at the incidence of substance abuse by children, particularly in the urban centres of Praia, Mindelo and Sal.

...

659. The Committee recommends that the State party:

(a) Reinforce the work of the National Committee;

(b) Strengthen its efforts to address the abuse of substances by children.

- Lebanon, CRC, CRC/C/114 (2002) 11 at paras. 52, 53, 69-74 and 83-86.

52. The Committee welcomes the information on regional policies to eliminate social disparities and promote equal opportunities. However, it is concerned that the principle of non-discrimination (article 2 of the Convention) is not fully implemented for girls, refugee and asylum-seeking children, Palestinian children, children with disabilities, and children living in less advantaged regions and rural areas, especially with regard to their access to health and adequate educational facilities.

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53. In accordance with article 2 of the Convention, the Committee recommends that the State party:

(a) Make concerted efforts at all levels to address discrimination, notably discrimination based on gender, disability, religion, and national, ethnic, or social origin, through a review and reorientation of policies, including increased budgetary allocations for programmes targeting the most vulnerable groups;

...

69. While welcoming the extensive legislation adopted for children with disabilities, the Committee remains concerned that children with disabilities continue to be subject to discrimination in the areas of health coverage, access to specialized services, family support and education.

70. The Committee urges the State party:

...

(c) To make greater efforts to promote community-based rehabilitation programmes and inclusive education;

(d) To make greater efforts in the area of prevention by reviewing, *inter alia*, health programmes and policies relating to pregnancy, birth and child health; and

...

71. The Committee notes the achievements by the State party in the area of health care, notably the downward long-term trend in infant and child mortality and the improvements in the area of immunization. It further notes the large increase in the percentage of the budget allocated to this sector. Nevertheless, the Committee is concerned about the unequal enjoyment of the right to access primary health-care services by children in different parts of the country, resulting in wide regional and social variations in infant and child mortality and the quality of care. The Committee is deeply concerned that children do not enjoy equal access to quality health care owing to the high cost of health care and the failure of insurance schemes to provide full coverage, and in part to the domination of the health sector by the private sector and significant differences between the quality of the care provided by the public versus the private sector. The Committee regrets that any follow-up to its previous recommendation ([CRC/C/15/Add.54], para. 30) has had little impact on the realization of the right to health for children.

72. The Committee urges the State party:

(a) To reinforce its efforts to allocate appropriate resources and develop and adopt policies and programmes to improve and protect the health situation of children, particularly in the regions with the highest mortality rates;

(b) To ensure equal access to and quality of health care for all children, independent of

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socio-economic factors, and encourages the State party to provide health insurance for all children, irrespective of whether their parents are working;

(c) To initiate effective follow-up to its previous recommendation and in view of the high budgetary expenditures in the health sector in particular, to examine the impact on the practical realization of the right to health for all children irrespective of socio-economic factors;

(d) To consider adopting and implementing the integrated management of childhood illness strategy to combat the most common childhood illnesses and malnutrition; and

(e) To seek technical assistance from, among others, WHO and UNICEF.

73. With reference to its previous recommendation ([CRC/C/15/Add.54], paras. 34, 38) the Committee notes the difficulties acknowledged by the State party in enforcing a law prohibiting the free distribution of milk substitutes and notes that the commercial marketing of infant formula is still widespread. It also notes with deep concern that one in every five married women is married to her maternal or paternal cousin or another relative, and that 30 per cent of disabled children are born to consanguineous marriages.

74. The Committee recommends that the State party:

(a) Strengthen its efforts to promote breastfeeding and encourage the introduction of adequate maternity leave for all working mothers in the spirit of article 18 (2); and

(b) To disseminate information on the risks to the health of children born to consanguineous marriages and encourage premarital testing.

...

83. The Committee is concerned about the high rate of Palestinian children living below the poverty line, as well as the lack of adequate access by Palestinian children to many basic rights, including health, education and an adequate standard of living, and about the quality of services provided.

84. The Committee reiterates its recommendation ([CRC/C/15/Add.54], para. 40) that the State party, in cooperation with United Nations Relief and Works Agency for Palestine Refugees in the Near East, seek ways of addressing the socio-economic problems among Palestinian children that affect children negatively, including teaching about the Convention in the school and include children in development programmes.

85. While noting the measures taken by the State party in this sector, including raising the minimum age for employment, the Committee is concerned that despite stricter laws on child labour, a high percentage of working children are involved in activities which represent a

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danger to their health and development. The Committee welcomes the collaboration with ILO/IPEC in combating and preventing child labour.

86. The Committee recommends that the State party:

(a) Continue and strengthen its cooperation with ILO/IPEC and carry out campaigns to inform and sensitize the general public, especially parents and children, of work hazards, as well as strengthen labour inspections and law enforcement;...

...

- Greece, CRC, CRC/C/114 (2002) 25 at paras. 128, 129, 142, 143, 148, 149, 166 and 167.

128. The Committee is concerned:

(a) At the very high rate of accidents, especially road accidents and domestic accidents of poisoning, of which children are victims in the State party;

(b) At the very poor educational and health statistics relating to children from Roma communities.

129. The Committee recommends that the State party take steps:

(a) To prevent road accidents and domestic accidents of poisoning involving children;

(b) To improve respect for the rights to life, survival and development of Roma children, including through proactive efforts on the part of relevant authorities.

...

142. While acknowledging the many activities of the Child Health Institute in the field of child abuse and neglect and the new bill to establish the “legal bystander” for the child victim, the Committee remains concerned:

...

(c) That social, medical and other service resources through which the State party can respond to abuse and neglect are primarily limited to Athens and that even these are insufficient.

143. The Committee recommends that the State party:

...

(d) Strengthen the capacity of social services across the country to identify and treat instances of abuse or neglect of children, including for physical and psychological recovery and social reintegration of the victims of rape, abuse, neglect, ill-treatment, violence or sexual exploitation, in accordance with article 39 of the Convention...

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...

148. The Committee is concerned that:

- (a) The State party's data on basic national health indicators are insufficient;
- (b) Weaknesses in infrastructure and problems of uninsured families may limit the realization of children's right to health care;
- (c) There is a shortage of nurses and social workers, and notes the need to improve the quality of dental services, as indicated by the State party in its report;
- (d) Children of parents who are not covered by family social insurance policies may not have access to health care;
- (e) Children from certain groups, such as the Roma and some immigrant groups, have particularly poor access to health care, leading to a high level of health concerns;
- (f) High numbers of children smoke cigarettes and use alcohol.

149. The Committee recommends that the State party:

- (a) Strengthen its health infrastructure, including through the recruitment of additional nurses and social workers;
- (b) Ensure that all children have access to health care, irrespective of the insurance situation of their parents;
- (c) Give particular attention to ensuring the access to health care of children from Roma communities and other economically disadvantaged groups;
- (d) Take steps to lower the number of children who smoke cigarettes and use alcohol, including through the use of information campaigns.

...

166. The Committee is concerned:

- (a) At the smoking of cannabis and the sniffing of petrol and glue by children;
- (b) That drug abuse rehabilitation services are available only in Athens.

167. Noting the State party's efforts in this regard, the Committee recommends that the State party:

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(a) Implement its primary, secondary and tertiary prevention programmes for the prevention and combating of substance abuse throughout the country;

(b) Continue to cooperate with NGOs and to work with families in the context of rehabilitation programmes.

- Gabon, CRC, CRC/C/114 (2002) 47 at paras. 217-220, 245 and 246.

217. While taking note of the adoption of the Ordinance No. 001/95 on health and the establishment of a National Health Plan of Action, and while finding encouraging the new data on mortality rates, the Committee is deeply concerned at the still high infant and under-5 mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the districts and local areas continue to lack adequate resources (both financial and human) and that medicines are too expensive and not easily accessible. In addition, the Committee is concerned that the survival and development of children within the State party continue to be threatened by early childhood diseases such as acute respiratory infections and diarrhoea and by malaria, tuberculosis and malnutrition. Concern is also raised at the very low rate of breastfeeding. The Committee is further concerned at the regular outbreaks of epidemics of diseases such as the Ebola virus.

218. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Develop high-quality and affordable health care in light of the Bamako initiative;

(d) Take the necessary measures to deal with emergency situations, including to combat epidemics of diseases such as the Ebola virus; and

(e) Pursue additional avenues for cooperation and assistance for the improvement of child health with, among others, WHO and UNICEF.

219. The Committee notes the existence of an extended vaccination programme and the provisions of articles 16 to 29 of the 1995 Ordinance on Health Policy dealing with the extension of vaccination coverage and follow-up, but remains deeply concerned that there

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is a lack of adequate resources, and that the vaccination coverage has worsened during the last past years.

220. The Committee recommends that the State party continue and strengthen its efforts, including the provision of financial resources, to extend the vaccination coverage to all parts of the country. It also recommends that the State party seek further assistance from, among others, WHO and UNICEF.

...

245. The Committee is deeply concerned about the poor situation of Pygmy children and their limited access to social services, including health care, immunization and education, and the violation of their rights to survival and development, to enjoy their own culture and to be protected from discrimination.

246. The Committee urges the State party to:

(a) Undertake a study to assess the situation and the needs of Pygmy children and to elaborate a plan of action involving leaders of the Pygmy community to protect the rights of those children and ensure their social services;

(b) Seek adequate means to ensure birth registration, health care, etc.

- Mozambique, CRC, CRC/C/114 (2002) 65 at paras. 279, 280, 295, 296, 299-302, 319 and 320.

279. The Committee is concerned that:

(a) Ninety per cent of cases of people being run down by cars involve children, as indicated in the State party's report;

(b) Landmines continue to pose a serious threat to children's survival and development.

280. The Committee recommends that the State party:

(a) Develop and implement a policy for the prevention of accidents involving children, including through information campaigns targeting children, drivers, traffic police, teachers and parents;

(b) Continue efforts to clear landmines and ensure the provision of physical rehabilitation and other relevant support to victims.

...

295. The Committee is deeply concerned that:

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- (a) Health service coverage is still insufficient in terms of infrastructure, personnel and accessibility for the general population;
- (b) Infant and under-5 mortality rates are extremely high;
- (c) Maternal mortality is very high, owing in part to insufficient prenatal care and assistance at birth and to the large number of clandestine abortions and the poor conditions in which they are carried out;
- (d) The incidence of low birth weight, stunted growth, malaria, diarrhoea respiratory infections and malnutrition is very high.

296. While recognizing the significant progress achieved in the past 10 years and noting recent increases in health investment and immunization rates, the Committee urgently recommends that the State party:

- (a) Continue to improve access for all children and their families to primary health care;
- (b) Give urgent attention to and design practical measures for reducing infant, under-5 and maternal mortality rates, addressing malnutrition, malaria, diarrhoea and respiratory infections, and ensuring that abortions can be conducted with all due attention to minimum standards of health safety;
- (c) Make every effort to improve public knowledge of basic health-care measures, including in the areas of prevention and reproductive health, and provide for the availability of affordable contraception in order to ensure that unwanted pregnancies do not occur.
- (d) Seek technical assistance from UNICEF and WHO in this regard.

...

299. While noting the State party's efforts to establish the "Adolescent and Youth Programme", the Committee remains concerned at:

- (a) The high incidence of adolescent pregnancy and related health concerns;
- (b) The high incidence of medical problems related to abortions by adolescent mothers;
- (c) The high incidence of early marriage of girls.

300. The Committee recommends that the State party:

- (a) Strengthen its efforts to establish the "Adolescent and Youth Programme";

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(b) Improve the provision of health care for adolescents, giving particular attention to reproductive health concerns, including in the context of family planning, abortion and sexually transmitted diseases, to mental health and to concerns relating to adolescent development;

(c) Make every effort to prevent the early marriage of children, particularly girls.

301. While noting the State party's efforts in this domain, including the establishment of the National AIDS Council (NAC) in 2000 and the adoption of a comprehensive multisectoral strategic plan to combat HIV/AIDS, the Committee remains deeply concerned at:

(a) The very serious impact of HIV/AIDS on the cultural, economic, political, social and civil rights and freedoms of children infected with or affected by HIV/AIDS, including the Convention's general principles and with particular reference to their rights to non-discrimination, health care, education, food and housing, as well as to information and freedom of expression;

(b) The extremely high, and rising, incidence of HIV/AIDS infection in the State party;

(c) Mother to child transmission of HIV/AIDS and related factors, such as the lack of access of mothers to affordable breast-milk substitute, which would help reduce the risk of transmission;

(d) The particular situation of children orphaned by HIV/AIDS, who are particularly vulnerable to, *inter alia*, commercial exploitation, abuse and neglect;

(e) The continuing lack of knowledge among many people of how HIV/AIDS is transmitted and the role of men in terms of inadequate prevention and repeated transmission;

(f) The very negative impact of HIV/AIDS on the numbers of professional workers, such as teachers, and ultimately on the State party's capacity to develop its human resources.

302. The Committee recommends that the State party:

(a) Integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, including by making use of the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), with particular reference to children's rights to non-discrimination, health, education, food and housing, as well as their rights to information and freedom of expression;

(b) Conduct a national study on public attitudes, taboos and bias with regard to HIV/AIDS

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and infected persons in order to strengthen existing policies and programmes with regard to HIV/AIDS;

(c) Continue and strengthen its efforts to address the incidence of HIV/AIDS, including through the current multisectoral approach, through improving the education of the public as to how it is transmitted, can be prevented and treated, with particular focus on the training of relevant professionals, such as teachers and civil servants;

(d) Give particular attention to the role of men in the prevention of HIV/AIDS transmission and involve children in discussions on prevention strategies;

(e) Continue and strengthen its assistance to children infected or affected by HIV/AIDS, with particular attention to those who have been orphaned by HIV/AIDS, including the provision of medication for treatment;

(f) Strengthen efforts to reduce mother to child transmission of HIV/AIDS including through voluntary prenatal HIV/AIDS testing of mothers and assistance to infected mothers in obtaining breast-milk substitutes for their children;

(g) Include children in devising and implementing strategies for HIV/AIDS prevention,

(h) Seek technical and other relevant assistance from UNICEF, UNAIDS and WHO in this regard;

(i) Take note of the recommendations made by the Committee following its 1998 day of general discussion on "children living in a world with AIDS".

...

319. While noting the establishment of a central office for the prevention and control of drug abuse, the Committee is concerned that:

(a) Substance abuse, including inhaling glue and the consumption of narcotic drugs, is practised by children, particularly street children, in the State party, particularly in the south of the country;

(b) There is a lack of statistics on substance abuse among children;

(c) There are no specific institutions in the country to treat drug-addicted children.

320. The Committee recommends that the State party:

(a) Strengthen its efforts to prevent substance abuse by children, giving particular attention to street children and other vulnerable groups, including children in the south of the country;

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- (b) Include in school curricula education programmes and information on drug abuse and its prevention;
- (c) Make additional efforts to monitor the incidence of substance abuse and to keep accurate statistics on the phenomenon;
- (d) Establish mechanisms and structures through which assistance, including health and rehabilitative assistance, can be provided to children who abuse substances.
- (e) Consider adopting legislation regulating the sale of harmful substances to children;
- (f) Implement its own recommendations as set out in its initial report, including: developing improved methods for fighting substance abuse, additional “technical training for staff involved in preventing and combating drug abuse, reducing the vulnerability of Mozambique’s borders and other entry and exit points, institutional capacity building, and strengthening the anti-drug education strategy at all levels”.

See also:

- The Netherlands (Antilles), CRC, CRC/C/118 (2002) 129 at paras. 573 and 574.
- Malawi, CRC, CRC/C/114 (2002) 104 at paras. 424, 425, 432 and 433.

424. The Committee remains concerned that insufficient attention has been given to adolescent health issues, including developmental, mental and reproductive health concerns, and substance abuse.

425. The Committee recommends that the State party:

(a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems and, with the full participation of adolescents, use this study as a basis to formulate adolescent health policies and programmes with particular attention to the prevention of sexually transmitted diseases (STDs) and early pregnancies; and

(b) Strengthen sex education and reproductive and mental health counselling services and make them sensitive and accessible to adolescents.

...

432. While noting the challenging socio-economic situation, the Committee remains concerned at the increasingly high number of children who do not enjoy their right to an adequate standard of living, including children belonging to poor families, AIDS orphans, street children and children living in remote rural areas. In addition, the Committee is concerned at the lack of a social security system that would ensure access to health services

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for children.

433. In accordance with article 27 of the Convention, the Committee recommends that the State party:

...

(d) Undertake the creation of a social security system for better access to health by children.

- Bahrain, CRC, CRC/C/114 (2002) 122 at paras. 489 and 490.

489. The Committee welcomes information that adolescent health education has been proposed for inclusion in the curricula. Nevertheless, it is concerned at insufficient information is available in relation to adolescent health, such as access to reproductive health services, and mental health counselling services.

490. The Committee recommends that the State party:

(a) Formulate adolescent health policies and programmes, including education, with the full participation of adolescents;

(b) Ensure that adolescents have access to child-sensitive and confidential counselling services; strengthen efforts in the area of adolescent health education within the educational system; and

(c) Seek assistance from, among others, UNICEF and WHO.

- Andorra, CRC, CRC/C/114 (2002) 134 at paras. 528, 529, 541 and 542.

528. The Committee notes with concern that children of seasonal workers residing illegally in the State party may have difficulties in accessing health and education services.

529. In light of article 2 of the Convention, the Committee, while welcoming the information that the children of seasonal workers residing illegally in the State party are in practice provided with emergency health care, recommends that the State party take the necessary steps to allow these children access to basic and other social services such as health care and education.

...

541. The Committee expresses its concern about the health problems faced by adolescents within the State party, including drug abuse, and the fact that they make little use of the health services available to them. In particular, it takes note of the number of cases of anxiety and depression affecting children and of the fact that psychological treatments for

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children are not covered by the national security system.

542. The Committee recommends that the State party:

- (a) Continue with and expand the services provided by *Consulta Jove*;
- (b) Continue and strengthen its activities to prevent HIV/AIDS and sexually transmitted diseases, drug and other substances abuse and unwanted pregnancies, and strengthen the programme of health education in schools;
- (c) Undertake a study on child mental health, in particular anxiety and depression, and take measures to prevent and combat them;
- (d) Ensure that psychological treatments for children are covered by the national social security system.

- Guinea-Bissau, CRC, CRC/C/118 (2002) 12 at paras. 64, 65, 72 and 73.

64. The Committee is deeply concerned at:

- (a) The limited access to, capacity and quality of health-care services, including in terms of distance between people's homes and health facilities, cost and the insufficient number of hospital beds and the limited availability of affordable and appropriate medication;
- (b) The high rates of infant and maternal mortality, malnutrition, inadequate immunization and high mortality from malaria;
- (c) The limited proportion of the population with access to safe water and adequate sanitation, including in schools, and related cholera and meningitis epidemics;
- (d) Low levels of health education within communities.

65. The Committee recommends that the State party:

- (a) Significantly increase its expenditure on health;
- (b) Significantly improve children's access to health services and to medication including by strengthening the quality and capacity of the health infrastructure, providing financial assistance or free medical care to children in need of such support and their families and addressing the access concerns of those children living in isolated rural communities;

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- (c) Take action to address specific concerns, including infant and maternal mortality, malnutrition, inadequate immunization, malaria rates and cholera and meningitis epidemics;
- (d) Take action to ensure that all children have access to drinking water and adequate sanitation, including in schools, and to ensure adequate waste disposal arrangements;
- (e) Seek assistance through international cooperation in this regard.

...

72. Noting the work undertaken to address female genital mutilation and other harmful practices, including through international cooperation, the Committee remains deeply concerned that:

- (a) As indicated in the State party's report, the early marriage of girls - often around the age of 13 or 14 - is common (see report, para. 33) and can lead to poor health for girls;
- (b) Female genital mutilation is practised widely within certain ethnic groups, especially the Fulas and the Mandinkas;
- (c) As indicated in the State party's report (para. 202), traditional food taboos are common and thought to be one cause of malnutrition among children and mothers.

73. The Committee recommends that the State party:

- (a) Make every effort to combat practices involving the early marriage of girls, including through the involvement of community leaders and the use of education campaigns;
- (b) Continue and strengthen its efforts to end practices of female genital mutilation, for example through legislative prohibition, through the implementation and enforcement of legislation and through public awareness campaigns;
- (c) Take steps to end the practise of harmful traditional food taboos by children and mothers;
- (d) Strengthening and further supporting the work of the Committee against harmful practices;
- (e) Seek cooperation with countries in the region that have positive experience of combating these harmful practices.

- Niger, CRC, CRC/C/118 (2002) 37 at paras. 171, 172, 177 and 178.

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171. While taking note of the adoption of the National Health Development Plan 1994-2000, and while finding encouraging the new data on mortality rates, the Committee is deeply concerned at the still high infant, under-5, and maternal mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the districts and local areas continue to lack adequate resources (both financial and human) and that medicines and care are too expensive and not easily accessible. In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood diseases and that malnutrition is an acute problem. Concerns also exist at the low coverage of vaccination and at the lack of prenatal health care

172. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Develop high-quality and affordable health care;

(d) Increase the rate of vaccination and carry out campaigns similar to that for polio;

(e) Establish midwifery training programs to assure safe home delivery;

(f) Pursue additional avenues for cooperation and assistance for child health improvement with, *inter alia*, WHO and UNICEF.

...

177. While noting the efforts of the State party to prevent and combat harmful traditional practices, the Committee is concerned at the persistence of such practices, including female genital mutilation, the removal of the uvula, early and forced marriages, and forced feeding.

178. The Committee recommends that the State party:

(a) Adopt the bill to prohibit female genital mutilation;

(b) Take legislative and awareness raising measures to prohibit and eradicate all kinds of traditional practices harmful to the health, survival and development of children, boys as well as girls;

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(c) Reinforce its sensitization programmes, with the involvement of traditional leaders, practitioners and the general public, to change traditional attitudes and discourage harmful practices, in particular in rural areas;

(d) Find alternative employment for practitioners.

- Belarus, CRC, CRC/C/118 (2002) 54 at paras. 241 and 242.

241. The Committee, while noting efforts to reorganize maternity and child care services and various programmes to improve children's health, is concerned about the increase in child morbidity, including the increase of HIV in newborns, the almost epidemic scope of tuberculosis, and the high incidence of iodine deficiency and nutrition problems, especially among children from low-income households and families with three and more children. It further notes the high rates of transport and motor vehicle accidents and the high rates of suicide which also affect children.

242. The Committee recommends that the State party:

(a) Continue to implement the WHO Strategy on Promoting Effective Perinatal Care in order to further decrease maternal, perinatal, and infant mortality;

(b) Ensure that all children, in particular children from the most vulnerable groups, have access to free basic health care of good quality;

(c) Develop a national policy in order to ensure an integrated and multidimensional approach to early childhood development, with a focus on health and nutrition;

(d) Address the increase in HIV in newborns, focusing on the prevention of mother-to-child transmission;

(e) In order to prevent childhood injuries, develop adequate legislation to protect children from accidents and injuries, include the prevention of injuries in national policy priorities and objectives, and develop injury-control programmes;

(f) Undertake a comprehensive and multidisciplinary study to assess the extent of and reasons for suicide among children and develop adequate policies and programmes to prevent and combat this phenomenon; and

(g) Continue technical assistance from, among others, WHO and UNICEF.

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- Tunisia, CRC, CRC/C/118 (2002) 68 at paras. 293 and 294.

293. The Committee notes the sustained commitment by the State party to implement its primary health policies and the ensuing achievements in the area of health care, notably the decrease by 40 per cent of infant and under-5 mortality rates over the past decade, and achievements in the area of vaccinations, among others. While noting the delegation's statement that a plan has been formulated to address the issue of persisting regional and urban/rural disparities in the availability and quality of maternal and child health-care services, the Committee nevertheless remains concerned at the persistence of this problem as well as challenges regarding the provision of health services dealing with the specific needs of adolescents.

294. The Committee urges the State party:

(a) To reinforce its efforts to allocate appropriate resources, and develop and adopt policies and programmes to improve and protect the health situation of children, particularly in the rural regions showing the highest mortality indicators;

(b) Ensure equal access to and the quality of health care for all children, independent of socio-economic factors;

(c) Reinforce the capacity of health services to address adolescent-specific needs;

(d) Seek technical assistance from, among others, WHO and UNICEF.

- Switzerland, CRC, CRC/C/118 (2002) 78 at paras. 344 and 345.

344. While taking into account the advanced health care system, the very low infant mortality rate and the decrease in HIV/AIDS prevalence, the Committee is nevertheless concerned about the high number of suicides among adolescents and the limited measures to prevent this phenomenon, and the insufficient access by adolescents to counseling services, including outside schools. In addition, the Committee is concerned at the high and increasing prevalence - notably among girls - of alcohol and tobacco use. Moreover, while noting that the fatality rate is decreasing, the Committee is still concerned at the high number of children who die or are injured in road traffic accidents. Finally, the Committee is concerned at cases of female genital mutilation performed abroad.

345. The Committee recommends that the State party

(a) Pursue its efforts to decrease the prevalence of HIV/AIDS and take all necessary measures to prevent suicides among adolescents, including the collection and analysis of

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information, the launching of awareness-raising campaigns, and the establishment of specific programmes and counseling services;

(b) Increase its efforts to promote adolescent health policies, particularly with respect to alcohol consumption and tobacco use;

(c) Pursue its efforts to decrease the number of child victims of road traffic accidents; and

(d) Develop awareness campaigns targeted at the relevant population to put an end to the practice of female genital mutilation and to conduct a comprehensive study on this issue.

- Saint Vincent and the Grenadines, CRC, CRC/C/118 (2002) 101 at paras. 445, 446, 450-452, 461 and 462.

445. While noting the progress made in the area of child health care, including in the numbers of health centres established and their staffing levels, the Committee remains concerned at:

(a) The lack of basic medicines to meet the needs of sick children;

(b) Infant mortality rates;

(c) Levels of undernutrition;

(d) The gradual rise in obesity;

(e) The lack of an adequate number of dentists available to children.

446. The Committee recommends that the State party:

(a) Continue and strengthen its ongoing efforts to establish community health clinics in the countryside, and ensure that these and all other medical facilities are adequately stocked with appropriate basic medicines;

(b) Continue and strengthen efforts to reduce infant mortality and undernutrition and take preventive action to avoid a rise in the rates of obesity among children;

(c) Increase the numbers of dentists available to treat children.

...

450. The Committee recommends that the State party:

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(a) Undertake a study on the scope and nature of child abuse and neglect;

...

(e) Strengthen its efforts to prosecute persons responsible for perpetrating abuse and provide medical help and counselling to those perpetrators in need of such assistance;

...

(g) Provide child victims of abuse with the appropriate medical and psychological support, including recovery and social reintegration assistance for child victims and their families;

(h) Strengthen the education provided to young parents in the care and early attention they should give to their sick children and in the prevention of abuse and neglect;

...

451. The Committee is concerned that:

(a) Adolescents face health risks, including from sexual exploitation, maltreatment, drug and alcohol abuse, and HIV/AIDS;

(b) The rate of teenage pregnancy is high.

452. The Committee recommends that the State party:

(a) Increase its efforts to promote adolescent health, including mental health, policies particularly with respect to reproductive health and substance abuse and health education in schools, ensuring the full participation of adolescents;

(b) Consider means of reducing teenage pregnancy, including strengthening reproductive health education for adolescents, and ensure the provision of full health and counselling support for pregnant girls and that these girls are able to continue their formal education.

...

461. The Committee is concerned that:

(a) The illicit use of drugs and substances by children is increasing, including the use of crack cocaine and marijuana, as well as other substances, and that some of the children abusing drugs and using substances are placed, for this reason, in mental health institutions;

(b) The State party lacks adequate data and treatment programmes in this regard.

462. The Committee recommends that the State party:

(a) Undertake a survey on the scope of substance abuse by children, including the collection of data;

(b) Take action to combat substance abuse by children, including through public education

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campaigns, and ensure that child drug and substance abusers are not placed in mental institutions unnecessarily and have access to effective structures and procedures for treatment, counselling, recovery and reintegration.

See also:

- Seychelles, CRC, CRC/C/121 (2002) 41 at paras. 205 and 206.

- Spain, CRC, CRC/C/118 (2002) 117 at paras. 505, 506, 512 and 513.

505. The Committee notes with concern the number of children and adolescents addicted to drugs, in particular synthetic drugs, alcohol and smoking, and the fact that consumption of alcohol and tobacco is socially accepted and not perceived as a risk. It further expresses its concern at the increase in the number of teenage pregnancies.

506. The Committee recommends that the State party:

(a) Enforce existing programmes, such as the National Drug Plan for 2002-2008 and those at Autonomous Community level, with a focus on preventive action and awareness raising on the danger of synthetic drugs, alcohol and tobacco;

(b) Take steps to address adolescent health concerns, including teenage pregnancy and sexually transmitted diseases, through, *inter-alia*, sex education, including birth control measures such as the use of condoms;

(c) Strengthen its mental health and counselling services, ensuring that these are accessible and sensitive to adolescents.

...

512. The Committee is deeply alarmed about the conditions of unaccompanied foreign children, mostly Moroccans, especially in the autonomous cities of Ceuta and Melilla. In particular, it expresses its concern at reports of:

...

(d) Denial of access to health care and education, although guaranteed by law;

...

513. The Committee recommends that the State party urgently take the necessary measures in order to:

(a) Ensure the implementation of Organizational Act 4/2000 and other laws by providing to unaccompanied foreign children access to residential care, education, emergency services and other health care, and temporary residency documents;

...

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- The Netherlands (Antilles), CRC, CRC/C/118 (2002) 129 at paras. 548, 549, 567, 568, 571 and 572.

548. The Committee is concerned that:

...

(d) There are discrepancies in the enjoyment of rights in relation to certain vulnerable groups, especially children from immigrant families who have only limited access to adequate health, education and other social services.

549. The Committee recommends that the Netherlands Antilles:

...

(b) Address all forms of discrimination against children mentioned in points...(d) above;

(c) Take strong proactive measures to ensure that children of immigrant families have equal access to education, health and other services.

...

567. While the Committee notes the efforts of the State party to improve health care for children through, *inter alia*, free and accessible preventive health care on all five islands, developing health education programmes for youngsters and adolescents and providing free of charge mental health care for 0-19 year olds, the Committee is concerned at the insufficient number of trained medical personnel; the inaccessibility of health services to children not enrolled in the health care system; the very low rates of breastfeeding and the inadequate education of health workers and the general public on the advantages of breastfeeding, and the limited psychological and physical programmes available for treating child victims of hurricanes and other natural disasters. The Committee is further concerned at the disparity in the quality of health services among the islands.

568. The Committee recommends that:

(a) Greater efforts be undertaken to make the necessary professional and financial resources available;

(b) Every effort be made to improve public knowledge of basic health-care measures, including prevention and reproductive health, and provide for the affordable availability of contraception so that unwanted pregnancy does not occur;

(c) Efforts to reach unregistered schools, specifically makeshift schools, are continued and strengthened;

(d) The State party develop a national campaign to inform parents and train professionals on the advantages of breastfeeding and continue and expand to all islands its initiative to introduce "baby friendly" hospitals;

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(e) Comprehensive and consistent programmes for treating victims of hurricanes be developed;

(f) National legislation for health care be introduced so as to ensure that disparities in the quality of health care among the islands is rectified;

(g) Social security and health insurance be broadened so as to include all children within the State party.

...

571. While the Committee welcomes the introduction of "Healthy Lifestyles" and "Reproductive Health" into the education curriculum, the Committee remains concerned at the high rates of early pregnancy and the lack of information, counselling and preventive programmes on reproductive health. It also notes the rise in the number of children and youth using drugs, and the growing number of cases of HIV/AIDS among the youth.

572. The Committee recommends that the Netherlands Antilles:

(a) Implement the programme on reproductive health proposed in 1996 following the national workshop on reproductive health;

(b) Develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent and to those not enrolled in the regular education system, when this is in the best interests of the child;

(c) Ensure that adolescents (both girls and boys) have access to and are provided with education on reproductive health and other adolescent health issues, as well as with child-sensitive and confidential counselling services, and strengthen efforts in the area of adolescent health education within the educational system.

- Argentina, CRC, CRC/C/121 (2002) 8 at paras. 44, 45, 54, 55, 71-76, 87 and 88.

44. The Committee expresses its concern that budgetary allocations for children are still insufficient to respond to federal, provincial and local priorities for the protection and promotion of children's rights and to overcome and remedy existing disparities between rural and urban areas, as well as within urban areas, in particular Buenos Aires, with respect to public services provided to children...

45. In light of article 4 of the Convention, the Committee encourages the State party:

(a) To review economic and social policies and the allocation of resources in the budget with a view to ensuring that the maximum amount of available resources is allocated to

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promoting and protecting the rights of the child at the federal, regional and local levels, especially in the fields of health, education, social welfare and security, as previously recommended ([CRC/C/15/Add.36], para. 16).

...

54. The Committee is concerned that the principle of non-discrimination is not fully implemented for children living in poverty, indigenous children, children of migrant workers, primarily those from neighbouring countries, street children, children with disabilities and marginalized adolescents who are neither studying nor working, especially with regard to their access to adequate health care and educational facilities.

55. The Committee recommends that the State party:

(a) Monitor the situation of children, in particular those belonging to the above-mentioned vulnerable groups, who are exposed to discrimination;

(b) Develop, on the basis of the results of this monitoring, comprehensive strategies containing specific and well-targeted actions aimed at eliminating all forms of discrimination.

...

71. While noting the decrease in the infant, child and maternal mortality rates, the Committee is nevertheless concerned that the rates remain high and that there are great disparities in these rates, in particular with regard to children from a lower socio-economic background, those living in rural areas, in particular in the northern provinces, and indigenous children. It also notes that 6 out of 10 infant deaths could be avoided by low-cost actions.

72. The Committee recommends that the State party:

(a) Allocate appropriate resources and develop comprehensive policies and programmes to improve the health situation of all children without discrimination, in particular by focusing more on health promotion and prevention;

(b) In order to further decrease child mortality and morbidity and maternal mortality rates, take measures to implement the Reproductive Health and Responsible Procreation Act of July 2000;

(c) Provide adequate antenatal and post-natal health-care services and develop campaigns to inform parents about basic child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation, family planning and reproductive health, especially in the provinces.

73. The Committee notes with deep concern that the increasing rate of malnutrition is

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affecting, according to the most recent statistics, more than 4 million children, in particular newborn babies and those living in the northern provinces. It further notes that the impact of the economic crisis on children's state of health and nutrition has not yet been assessed.

74. The Committee recommends that the State party:

- (a) Undertake a study on child malnutrition and create a comprehensive system of statistics to keep a record of malnutrition cases in order to assess the extent, scope and nature of this phenomenon;
- (b) Develop a comprehensive nutritional programme in order to prevent and combat malnutrition;
- (c) Seek international cooperation from, among others, UNICEF and the World Health Organization (WHO).

75. The Committee notes with concern the growing number of cases of HIV/AIDS among the youth, notwithstanding the existing National Plan of Action for HIV/AIDS, and reiterates its concern ([CRC/C/15/Add.36], para. 12) about the number of teenage pregnancies, in particular in some of the provinces.

76. The Committee recommends that the State party:

- (a) Review and reactivate its programmes against HIV/AIDS and increase its efforts to promote adolescent health policies. Due attention should be given to reproductive health, and the programme of health and sexual education in schools should be further strengthened;
- (b) Undertake a comprehensive and multidisciplinary study to assess the scope and nature of adolescent health problems, including the negative impact of sexually transmitted diseases and HIV/AIDS, and continue to develop adequate policies and programmes;
- (c) Take further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child;
- (d) Seek technical cooperation from, among others, UNFPA, UNICEF, WHO and UNAIDS.

...

87. The Committee...notes with concern the poor conditions of children in detention, including the lack of adequate basic services such as education and health, the absence of adequately trained staff, and the use of corporal punishment and isolation.

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88. The Committee recommends that the State party:

...

(g) Take the necessary measures to improve detention conditions;

...

- United Kingdom of Great Britain and Northern Ireland, CRC, CRC/C/121 (2002) 23 at paras. 133-138, 141, 142, 152 and 154.

133. While welcoming the decline in infant mortality rates and the new focus on children in the planning of the national health service, the Committee remains concerned at persisting inequalities in health and access to health services, including mental health services, across the State party linked to socio-economic status and ethnicity (e.g. the high rates of infant mortality among the Irish and Roma travellers), at the relatively low rate of breastfeeding and at the persistence of female genital mutilation despite its illegality.

134. The Committee recommends that the State party take all appropriate measures to reduce inequalities in health and access to health services, to promote breastfeeding and adopt the International Code for Marketing of Breast-milk Substitutes, and to enforce, through educational and other measures, the prohibition of female genital mutilation.

135. While noting the efforts undertaken by the State party to reduce the number of teenage pregnancies, the Committee remains concerned at the high rate of teenage pregnancies in the State party. The Committee welcomes the one-to-one mentoring system and the multidisciplinary approach to detecting and managing mental health problems and notes that the mental health of children has been introduced in the National Priorities Guidance 1999/2002, but remains concerned that many children suffer from mental health problems and that the rate of suicide among young people is still high...The Committee is furthermore concerned at the rising incidence of sexually transmitted diseases among young persons.

136. In line with its previous recommendations ([CRC/C/15/Add.34], para. 30), the Committee recommends that the State party:

(a) Take further necessary measures to reduce the rate of teenage pregnancies through, *inter alia*, making health education, including sex education, part of the school curricula, making contraception available to all children, and improving access to confidential and adolescent-sensitive advice and information and other appropriate support (as recommended by the independent Advisory Group on Teenage Pregnancy);

...

(c) Take all necessary measures to strengthen its mental health and counselling services, ensuring that they are accessible and sensitive to adolescents, and undertake studies on the

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causes and backgrounds of suicides;

...

137. The Committee is extremely concerned at the high proportion of children living in poverty in the State party, which limits their enjoyment of many rights under the Convention and leads to a higher incidence among those children of death, accidents, pregnancy, poor housing and homelessness, malnutrition, educational failure and suicide. The Committee welcomes the State party's commitment to eliminate child poverty and the initiatives taken in this regard, but notes the lack of an effective and coordinated poverty eradication strategy across the State party.

138. The Committee urges the State party:

(a) To take all necessary measures to the "maximum extent of ... available resources" to accelerate the elimination of child poverty;

(b) To better coordinate and reinforce its efforts to address the causes of youth homelessness and its consequences;

(c) To review its legislation and policies concerning benefits and social security allowances for 16- to 18-year-olds.

...

141. The Committee welcomes the establishment in 1994 of the Children's Panel of Advisers and is aware of the increasing number of children claiming asylum, either with their families or on their own. The Committee is concerned that detention of these children is incompatible with the principles and provisions of the Convention. The Committee is further concerned...that placement in temporary accommodation of children seeking asylum may infringe their basic rights such as access to health or education; [and] that processing applications may take several years...

142. In accordance with the principles and provisions of the Convention, especially articles 2, 3, 22 and 37, and with respect to children, whether seeking asylum or not, the Committee recommends that the State party:

...

(b) Ensure that refugee and asylum-seeking children have access to basic services such as education and health, and that there is no discrimination in benefit entitlements for asylum-seeking families that could affect children;

...

152. ...[T]he Committee notes with concern that:

...

(c) Children in custody do not always have access to independent advocacy services and to basic services such as education, adequate health care, etc.;

...

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154. ...[T]he Committee recommends that the State party:

...

(g) Take all necessary measures, as a matter of urgency, to review the conditions of detention and ensure that all children deprived of their liberty have statutory rights to education, health and child protection equal to those of other children;

...

- Seychelles, CRC, CRC/C/121 (2002) 41 at paras. 201, 202, 211 and 212.

201. While acknowledging the State party's strong commitment to child and maternal health, the Committee is concerned at the limited access to safe drinking water and sanitation on some islands and at the lack of mental health professionals and services for children and adolescents throughout the State party.

202. The Committee recommends that the State party:

(a) Enforce existing environmental regulations so as to ensure universal access to safe drinking water and sanitation;

(b) Establish specialized mental health services specifically for children and adolescents staffed with specially trained and qualified professionals.

...

211. The Committee is concerned at the increasing use of marijuana and other illicit substances by children in the State party and at the lack of adequate data and treatment programmes specifically for children abusing drugs.

212. The Committee recommends that the State party:

(a) In light of article 33 of the Convention, continue to take all appropriate measures, including administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and to prevent the use of children in the illicit trafficking of such substances;

(b) Support rehabilitation, reintegration and recovery programmes specifically designed for child victims of drug and substance abuse.

- Sudan, CRC, CRC/C/121 (2002) 53 at paras. 245, 246 and 262-265.

245. The Committee is concerned that:

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(a) There are significant inequalities regarding access to basic health and education services between children living in different parts of the country, most especially between southern Sudan and the rest of the country;

...

246. The Committee recommends that the State party:

(a) Ensure that all children, regardless of the region of the country in which they live, enjoy equal respect for their rights, including with regard to basic services;

...

262. The Committee notes the progress with regard to child immunization programmes, but remains deeply concerned at the very poor availability, accessibility and quality of basic health-care services. The Committee is concerned, among other things, at the high rates of infant, child and maternal mortality, the significant inequalities in the provision of health-care services between the north and the south of the country, the very limited access to safe drinking water responsible for 40 per cent of deaths of children under 5, and other serious health problems like malaria, acute respiratory diseases, lack of iodine and malnutrition. These and other concerns of the Committee regarding health care are reflected in the following recommendations.

263. The Committee urgently recommends that the State party:

(a) Take immediate action to reduce infant, child and maternal mortality rates;

(b) Strengthen the provision of health-care services, including with regard to management, staffing, equipment and medical supplies, giving particular attention to the decentralization of responsibility for services to local authorities;

(c) Reduce inequalities in the levels of health of children in the State party through, *inter alia*, improving access to safe drinking water and adequate sanitation and strengthening the availability of health services in rural areas;

(d) Establish adequate and effective services for children who have been exposed to highly traumatic events;

(e) Take immediate action to address preventable health problems among children, including with regard to iodine deficiency, malaria, diarrhoea, acute respiratory diseases, measles, meningitis and malnutrition;

(f) Ensure the availability and accessibility of essential drugs;

(g) Seek technical assistance from, among others, UNICEF and WHO.

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264. While encouraged by the progress indicated by the delegation, the Committee remains concerned at societal stigmatization and discrimination against disabled children, the lack of disaggregated data concerning them and the very limited services and opportunities offered to those children.

265. In the context of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96, annex) and the results of the Committee's day of general discussion on the rights of children with disabilities, held on 6 October 1997 (see CRC/C/69, paras. 310-339) the Committee recommends that the State party:

...

(c) Ensure the integration within its child-rights policy of the perspectives of the rights of children with disabilities with regard to, *inter alia*, non-discrimination, participation, survival and development, health, education (including vocational education for future professional employment) and integration in society;

(d) Significantly strengthen the provision of health services for children with disabilities;

(e) Adopt and implement, as needed, legislative and administrative provisions to ensure that children with disabilities have access to public buildings, including hospitals and schools;

...

- Ukraine, CRC, CRC/C/121 (2002) 70 at paras. 310, 311, 318, 319, 322, 323, 344, 345, 348-352 and 355-358.

310. The Committee notes the priority accorded by the State party to health and education and the information that the budget has been increased for 2000-2001. However, the Committee remains concerned about the low level of resources in general for social services, health and education, which has a negative impact on the quality and accessibility of services, especially affecting families with children living in poverty...

311. In light of articles 2, 3 and 6 of the Convention, the Committee recommends that the State party pay particular attention to the full implementation of article 4 of the Convention by:

(a) Further continuing to increase the budget for the implementation of the Convention and prioritizing budgetary allocations to ensure implementation of economic, social and cultural rights of children to the maximum extent of available resources, in particular to socially marginalized groups, taking into account the decentralization of the provision of social services and of public finances;

...

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318. The Committee is concerned that despite its previous recommendation ([CRC/C/15/Add. 42], para. 17) there remain disparities in the minimum age of marriage for boys (18) and girls (17). It is also concerned that there is no clearly defined minimum legal age for sexual consent.

319. The Committee reiterates its previous recommendation that the State party rectify disparities in the age of marriage between boys and girls by raising the minimum age of marriage for girls to 18. It also recommends that the minimum legal age for medical advice and counselling without parental consent be lowered and a clear legal minimum age for sexual consent be established.

...

322. The Committee remains concerned that the principle of non-discrimination is not fully implemented for children of economically disadvantaged households, children living in rural areas, children in institutions, children with disabilities, Roma children and children affected with HIV/AIDS, especially regarding health care, social welfare and education.

323. The Committee recommends that the State party monitor the situation of children of economically disadvantaged households, children living in rural areas, children in institutions, children with disabilities, children belonging to national minorities such as Roma children, and children affected with HIV/AIDS. On the basis of the results of this monitoring, comprehensive proactive strategies containing specific and well-targeted actions aimed at eliminating all forms of discrimination, including in particular access to education and health care, should be elaborated.

...

344. The Committee is deeply concerned at the severely reduced quality and accessibility of health-care services. The Committee is further concerned at the inaccessibility of medical assistance to children who have left their homes; the increase in child morbidity; the high maternal mortality rates; the increase in the number of disabled children; and the high incidence of iodine deficiency and nutrition problems, especially among children from low-income households.

345. The Committee urgently recommends that the State party:

(a) Ensure that all children, especially from the most vulnerable groups, have access to primary health care;

(b) Develop a national policy in order to ensure an integrated and multidimensional approach to early childhood development, with a focus on health and nutrition;

(c) Continue to operate with and seek assistance from, among others, UNICEF and WHO.

...

348. The Committee welcomes the information that the State party has moved the families

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from the areas most affected by the Chernobyl disaster. However, the Committee remains concerned that, as noted in the State party's report, the main factors exerting a harmful impact on children's health (and that of pregnant women) remain the aftermath of the Chernobyl disaster, the high level of chemical pollutants in the atmosphere and food products, and the high level of noise pollution. It further notes that insufficient attention has been given to the long-term health and psycho-social consequences of the Chernobyl disaster.

349. The Committee recommends that the State party:

- (a) Continue to improve the specialized health care provided to children affected by the Chernobyl disaster, including its psychosocial aspect;
- (b) Strengthen its efforts to detect and prevent diseases related to nuclear contamination;
- (c) Focus more on a long-term developmental approach to the assistance given to people through, *inter alia*, supporting United Nations initiatives in this area;
- (d) Take all appropriate measures, including seeking international cooperation, to prevent and combat the damaging effects of environmental degradation on children, including pollution of the environment and food products.

350. With regard to adolescent health, the Committee is concerned at the rise in the number of children and adolescents addicted to drugs, alcohol and smoking. The Committee expresses concern about the lack of access, without parental consent, to medical counselling and advice. The Committee is also concerned about the large number of teenage abortions, this being the principal cause of maternal mortality.

351. While noting the State party's efforts in the area of HIV/AIDS, the Committee remains concerned at:

- (a) The growing number of cases of HIV/AIDS among the youth;
- (b) The very serious impact of HIV/AIDS on the cultural, economic, political, social and civil rights and freedoms of children infected with or affected by HIV/AIDS, including the Convention's general principles, in particular non-discrimination, health care, education, food and housing, as well as information and freedom of expression;
- (c) The absence of an effective national system to manage, monitor, implement and evaluate the efficiency of the State party's HIV/AIDS prevention programmes and the lack of uniform standards regulating care, treatment, medical services and social assistance for people and families living with HIV;

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(d) Insufficient counselling services provided to people with HIV/AIDS, especially adolescents.

352. The Committee recommends that the State party:

(a) Take the necessary measures to address the increase in alcohol abuse, smoking and drug addiction and provide adolescents with access to medical counselling and advice without parental consent, taking into consideration the evolving capacities of the child;

(b) Ensure that adolescents have access to and are provided with education on reproductive health and other adolescent health issues, including mental health, as well as with child-sensitive and confidential counselling services;

(c) Undertake a comprehensive and multidisciplinary study to assess the nature and extent of adolescent health problems, including the negative impact of sexually transmitted diseases and HIV/AIDS and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes;

(d) Integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, including by making use of the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I) and with particular reference to children's rights to be protected from discrimination and to health, education, food and housing, as well as the rights to information and freedom of expression;

(e) Increase its efforts to prevent HIV/AIDS and take into consideration the recommendations of the Committee adopted at its day of general discussion on children living in a world with HIV/AIDS (CRC/C/80, para. 243);

(f) Seek further technical cooperation from, among others, UNAIDS and the United Nations Development Programme.

...

355. The Committee welcomes the enactment of the Refugee Law 2001, but remains concerned that:

...

(c) Nutritional and medical care provided to illegal migrants, including children, who are detained at points of entry and held on the premises of the border guards, is inadequate.

356. The Committee recommends that the State party:

...

(c) Ensure that asylum-seeking, refugee and illegal immigrant children have access to education and health services;

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(d) Ensure adequate nutritional and medical care for children detained in border guard facilities;

...

357. The Committee, while noting the creation of the Ministry of Labour and Social Policy in 1996, which is responsible for monitoring compliance with the labour legislation, particularly in respect of children, remains concerned that there is inadequate enforcement of the Ukrainian Labour Code, in particular with regard to hazardous and forced labour, and that a large number of children are reported to be working, particularly in the informal sector.

358. The Committee recommends that the State party:

...

(b) Continue efforts to protect all children from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental or social development.

- Republic of Moldova, CRC, CRC/C/121 (2002) 89 at paras. 404-407, 420 and 421.

404. While noting efforts to reorganize maternity and childcare services and various programmes to improve children's health, the Committee remains concerned about the relatively high rates of infant and child mortality and, in particular, notes that approximately 80 per cent of under-5 deaths are due to preventable causes and that the State party has the highest rate in the region of accidents and poisoning. It further expresses its concern at the limited access to health-care services, especially for disadvantaged households. It also notes the high incidence of tuberculosis, alcohol consumption and drug abuse, as well as the high incidence of iodine deficiency disorders in schoolchildren.

405. The Committee recommends that the State party:

(a) Implement the National Health Policy and enforce the Strategy on Promoting Effective Perinatal Care of the World Health Organization (WHO) in order to further reduce perinatal and infant mortality;

(b) Define sustainable financing mechanisms for the health-care system, including adequate salaries for child health-care professionals, in order to ensure that all children, in particular children from the most vulnerable groups, have access to free basic health care of good quality;

(c) In order to prevent childhood injuries, develop adequate legislation to protect children from accidents and injuries, include the prevention of injuries in national policy priorities and objectives and develop injury control programmes;

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- (d) Combat alcohol consumption and drug abuse;
- (e) Iodize salt;
- (f) Continue to seek technical assistance from, among others, WHO and UNICEF.

406. The Committee, while welcoming the national programme to combat HIV/AIDS with the support of international organizations, notes with deep concern the increasing rates of sexually transmitted diseases (STDs) and HIV/AIDS among adolescents and the large number of teenage pregnancies and abortions. It further notes that the health services provided are not tailored to the needs of adolescents, thus reducing their willingness to avail themselves of primary health services.

407. The Committee recommends that the State party:

- (a) Implement in an effective way the national programme for assistance in the planning and protection of reproductive health for 1999-2003 and increase its efforts to promote adolescent health policies;
- (b) Further strengthen the programme of health education in schools;
- (c) Undertake a comprehensive and multidisciplinary study to assess the scope and nature of adolescent health problems, including the negative impact of STDs and HIV/AIDS, and continue to develop adequate policies and programmes;
- (d) Undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child;
- (e) Seek technical cooperation from, among others, UNFPA, UNICEF, WHO and UNAIDS.

...

420. The Committee is concerned that, despite pilot programmes aimed at improving the situation of the Roma in certain provinces, they still suffer from widespread discrimination which has in some instances curtailed Romani children's right to education, health and social welfare.

421. The Committee recommends that the State party:

- (a) Initiate campaigns at all levels and in all provinces aimed at addressing the negative attitudes towards the Roma in society at large and in particular amongst authorities and

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professionals providing health, education and other social services;

...

See also:

- Poland, CRC, CRC/C/121 (2002) 120 at paras. 545 and 546.
- Burkina Faso, CRC, CRC/C/121 (2002) 103 at paras. 465-468 and 471 and 472.

465. While taking note of the adoption of several national programmes relating to child survival, the Committee is deeply concerned at the high infant and under-5 mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the local areas continue to lack adequate resources (both financial and human). In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood diseases, infectious diseases, diarrhoea and malnutrition. Concern is also expressed at the poor state of sanitation and at the insufficient access to safe drinking water, especially in rural areas.

466. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate adequate resources and develop and implement comprehensive policies and programmes, including the strengthening of the expanded programme of immunization, to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services, reduce the incidence of maternal, child and infant mortality, prevent and combat malnutrition and malaria, especially among vulnerable and disadvantaged groups of children, and promote proper breastfeeding practices;

(c) Take the necessary measures to deal with emergency situations, including to combat epidemics of diseases such as meningitis;

(d) Pursue additional avenues of cooperation and assistance for the improvement of child health with, among others, WHO and UNICEF.

467. The Committee notes the establishment of children's centres, but remains concerned that insufficient attention has been given to adolescent health issues, including developmental, mental and reproductive health concerns, and substance abuse. The Committee is also concerned at the particular situation of girls, given, for instance, the very high percentage of early marriages, which can have a negative impact on their health.

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468. The Committee recommends that the State party:

(a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems, with the full participation of children and adolescents, and use this study as a basis for the formulation of adolescent health policies and programmes, paying particular attention to adolescent girls;

(b) Strengthen sexual and reproductive health education, mental health and adolescent-sensitive counselling services and make them accessible to adolescents.

...

471. While welcoming the prohibition of female circumcision under the new Penal Code and the new structure of the National Committee to Combat Female Circumcision, the Committee is concerned that female circumcision is still widely practised in the State party. In addition, the Committee is concerned at the use of other traditional harmful practices, such as food taboos.

472. The Committee urges the State party to continue its efforts to end the practice of female genital mutilation and to combat food taboos which negatively affect the health of children, *inter alia*, through enforcement of legislation and implementation of programmes sensitizing the population to their harmful effects.

- Poland, CRC, CRC/C/121 (2002) 120 at paras. 531, 532, 535 and 536.

531. While encouraged that health indicators of children are good and continuously improving, the Committee is nevertheless concerned at the increase in unhealthy behaviours and lifestyle trends, as well as at the low percentage of mothers continuing to breastfeed.

532. The Committee recommends that the State party:

(a) Improve the effectiveness of health promotion and health education programme, in particular by promoting healthy lifestyles among children and young people;

(b) Take steps to encourage and educate mothers on the benefits of exclusive breastfeeding of infants for the first six months and of continued breastfeeding for two years.

...

535. The Committee is concerned that:

(a) The rate of teenage pregnancies is relatively high and that adolescents have limited access to reproductive health education or services;

(b) Smoking amongst adolescents is excessive;

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(c) The abuse of alcohol, drugs and illicit substances is increasing among teenagers.

536. The Committee recommends that the State party institute health education and awareness programmes specifically for adolescents on sexual and reproductive health and the dangers of smoking and drug and alcohol abuse in schools, community clubs, family centres and other institutions working with children.

...

- Israel, CRC, CRC/C/121 (2002) 131 at paras. 576, 577 and 594-597.

576. The Committee is concerned that discrimination, contrary to article 2 of the Convention, persists in the State party, and that non-discrimination is not expressly guaranteed under the Constitution. In particular, the Committee is concerned about discrimination against girls and women, especially in the context of religious laws, discrimination on religious grounds, inequalities in the enjoyment of the economic, social and cultural rights (i.e. access to education, health care and social services) of Israeli Arabs, Bedouins, Ethiopians and other minorities, children with disabilities and children of foreign workers, and of the rights and freedoms of Palestinian children in the occupied territories.

577. The Committee recommends that the State party:

(a) Take effective measures, including enacting or rescinding legislation where necessary, to ensure that all children enjoy all the rights set out in the Convention without discrimination, in accordance with article 2;

...

594. The Committee is deeply concerned about the serious deterioration of health and health services of children in the occupied Palestinian territories, especially as a result of the measures imposed by the Israeli Defence Forces, including road closures, curfews and mobility restrictions, and the destruction of Palestinian economic and health infrastructure. In particular, the Committee is concerned about the consequent delays of and interference with medical personnel, the shortages of basic medical supplies and malnutrition in children owing to the disruption of markets and the prohibitively high prices of basic foodstuffs.

595. The Committee recommends that the State party guarantee safe and unconditional access by all Palestinian children to basic needs and health services, including medical supplies and personnel.

596. The Committee welcomes the information that the National Health Insurance Law covers all citizens of Israel, but remains concerned at the persistent and significant gap in health indicators between Israeli Jews and Arabs.

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597. The Committee recommends that the State party strengthen and increase the allocation of resources to ensure that all citizens benefit equally from available health services.

- Estonia, CRC, CRC/C/124 (2003) 9 at paras. 62, 63, 68 and 69.

62. The Committee notes the existence of the State-sponsored ongoing prevention programme on alcoholism and substance abuse, 1997-2002, and welcomes information in the written replies concerning the development of new programmes to address the problems affecting the reproductive health of youths, including sexually transmitted diseases and HIV/AIDS. However, the Committee is concerned at the prevailing mental health problems, the high suicide rate, the large number of abortions and incidence of sexually transmitted diseases, the increasing number of HIV infections among injecting drug users and the high number of accidents, and reiterates the concerns expressed by the Committee on Economic, Social and Cultural Rights (E/C.12/1/Add.85, paras. 27-30) where these relate to children.

63. The Committee recommends that the State party:

(a) Strengthen and ensure that its programmes for adolescent health are effectively implemented, including through the provision of adequate resources;

(b) Ensure that future measures are formulated with the full participation of adolescents;

(c) Ensure that adolescents have access to child-sensitive and confidential counselling services, including mental health counselling;

(d) Strengthen efforts in the area of adolescent health education within schools.

...

68. The Committee notes the information related to the ongoing "Alcoholism and substance abuse prevention programme, 1997-2007"; however, it remains concerned that children are not effectively protected from the illicit use of narcotic drugs and psychotropic substances and at the increasing use of drugs and the rise in the number of injecting drug users.

69. The Committee encourages the State party to continue its efforts to provide children with accurate and objective information about substance use and to take all appropriate measures, including drug education in schools. The Committee urges the State party to evaluate the ongoing prevention programme with a view to reconsidering modalities of implementation to maximize its effectiveness. Furthermore, the State party is urged to enhance rehabilitation services for children who are victims of substance abuse.

- Republic of Korea, CRC, CRC/124 (2003) 24 at paras. 126 and 127.

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126. The Committee is encouraged by the very positive health indicators for children. Nevertheless, it is concerned that the proportion of the government budget allocated to health is less than 1 per cent, and that 90 per cent of all health care facilities are privately operated. The Committee is also concerned that the proportion of mothers breastfeeding their children declined significantly during the 1990s, and that the number of adolescents smoking and using amphetamines and other illicit substances is increasing.

127. The Committee recommends that the State party:

(a) Increase to a significant level the funding allocated to health and establish a system of public care facilities so that low-income families may have access to health systems at no cost;

(b) Take steps to encourage and educate mothers on the benefits of exclusive breastfeeding of infants during the first six months and adopt a national code on breastfeeding;

(c) Take effective measures to counteract any negative impact on the employment of women who breastfeed their children;

(d) Undertake a study of adolescent health with a view to developing a comprehensive adolescent health policy that addresses, *inter alia*, education on HIV/AIDS and other sexually transmitted diseases, the problem of smoking and drug abuse amongst teenagers as well as other relevant issues.

- Italy, CRC, CRC/124 (2003) 36 at paras.180-183, 186, 187, 195 and 196.

180. The Committee welcomes the adoption of the Charter of the Rights of the Child in Hospital and takes note of the dramatic decrease in the number of deaths of children resulting from road traffic accidents and in the number of children infected by HIV/AIDS. However, the Committee is concerned at the reluctance of children belonging to vulnerable groups to use health services.

181. The Committee recommends that the State party take proactive measures to facilitate access to health services to all children and to encourage parents to seek health services that are available for all children.

182. The Committee is concerned at the high prevalence of psychological disorders among adolescents (especially eating disorders) and the relatively high incidence of abortions among adolescents, notably those of foreign origin.

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183. The Committee recommends that the State party:

(a) Take all necessary measures to strengthen its mental health and counselling services, ensuring that they are accessible and sensitive to adolescents, and undertake studies on the causes and backgrounds of psychological disorders among adolescents;

(b) Take further necessary measures to reduce the rate of teenage pregnancies through, *inter alia*, making health education, including sex education, part of the school curricula and strengthening the campaign of information on the use of contraceptives.

...

186. The Committee welcomes the establishment of the Committee for the Protection of Foreign Children and the specific reference made to the Convention in Law 40/98 on immigration regarding access to health. However, the Committee remains concerned at the lack of adequate structures to receive unaccompanied minors; the lack of harmonization of the procedure dealing with unaccompanied minors in the various regions...

187. In accordance with the principles and provisions of the Convention, especially articles 2, 3, 22 and 37, and with respect to children, whether seeking asylum or not, the Committee recommends that the State party:

...

(b) Ensure that the stay in these centres is for the shortest time possible and that access to education and health is guaranteed during and after the stay in a reception centre;

...

195. While noting the efforts undertaken by the State party to improve the situation of Roma children, the Committee remains concerned at their difficult social situation and their insufficient access to education and health services. In addition, the Committee is deeply concerned at instances of discrimination against this group of children, sometimes from the personnel of the State party themselves.

196. The Committee recommends that the State party develop, in cooperation with Roma NGOs, comprehensive proactive policies and programmes to prevent social exclusion and discrimination and to allow Roma children to enjoy fully their rights, including access to education and health care.

- Romania, CRC, CRC/124 (2003) 49 at paras. 211, 242-245, 248, 249, 262 and 263.

211. The Committee is concerned that budget allocations for health and education remain low and that children living in rural areas may be disproportionately affected. In particular, it notes that some counties and communities are economically disadvantaged *vis-à-vis* others and are therefore unable to provide their children with an adequate level of services.

...

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242. The Committee is encouraged by the adoption of a national strategy for the health sector by the Ministry of Health and Family in December 2001 and by its aims and goals as noted in the written replies to the list of issues. It further welcomes the cooperation of the State party with international organizations in the domain of health care. Nevertheless, the Committee is deeply concerned:

- (a) At the poor quality and accessibility of primary health-care services, especially in rural areas, and for poor households;
- (b) At the high infant mortality rate, particularly in rural areas;
- (c) That a high proportion of under-5 deaths are due to preventable causes;
- (d) At the high rate of child morbidity as a result of accidents, including traffic accidents.

243. The Committee recommends that the State party:

- (a) Strengthen its efforts to implement the national strategy for the health sector through adequate and sustainable allocation of resources (human and financial), including training of sufficient numbers of health-care professionals, provision of adequate salaries for health-care workers and investments in health-care infrastructure, especially in the most disadvantaged areas;
- (b) Improve the effectiveness of antenatal care, maternal health education and immunization programmes;
- (c) Strengthen efforts to raise awareness through public information campaigns about accident prevention;
- (d) Strengthen coordination between governmental and non-governmental actors, and continue to work closely with United Nations agencies in this respect.

244. The Committee is concerned at:

- (a) The limited availability of programmes and services in the area of adolescent physical and mental health;
- (b) The number of suicides;
- (c) The high number of young mothers and of abortions among teenage girls;

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- (d) The high rate of sexually transmitted diseases;
- (e) The alarming increase in the number of children addicted to drugs, the high rate of smoking and alcohol consumption and the lack of awareness of the problems caused by these negative behaviours.

245. The Committee recommends that the State party:

- (a) Provide for adolescents' access to medical counselling and advice without parental consent, taking into consideration the evolving capacities of the child;
- (b) Establish comprehensive family planning programmes, as well as undertake measures to ensure that abortion is neither perceived nor practised as a method of contraception, such as through campaigns to raise awareness of the importance of contraceptive use to reduce the number of unwanted pregnancies;
- (c) Ensure availability of mental health assistance to children, taking into consideration their developmental needs;
- (d) Undertake all the necessary measures to address the rise in alcohol abuse and smoking, including through media campaigns.

...

248. The Committee welcomes the efforts of the State party, undertaken in cooperation with United Nations partners, to combat HIV/AIDS, but remains concerned at:

- (a) The incidence of HIV/AIDS among young children and the high rate of new infections affecting young people, particularly among minorities;
- (b) The fact that treatment, although free, is provided only to a limited number of children and may lack continuity due to funding limitations.

249. The Committee recommends that the State party:

- (a) Actively pursue its ongoing activities supported by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF to counter HIV/AIDS;
- (b) Ensure that medicine is available without delays in or interruptions of treatment, and that the salaries of caregivers are paid fully and without delay;
- (c) Take due account of the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I).

...

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262. The Committee welcomes the implementation of strategies aimed at improving Roma children's rights to health-care services and inclusion in education (e.g. through the use of health and education mediators and supportive tuition in the Roma language). The Committee also welcomes Roma NGO participation in improving the rights of their children. However, it remains concerned at the negative attitudes and prejudices of the general public, in the political discourse and in media representations as well as at incidents of police brutality and discriminatory behaviour on the part of some teachers and doctors.

263. In accordance with articles 2 and 30 of the Convention, the Committee recommends that the State party:

(a) Initiate campaigns, at all levels and in all regions, aimed at addressing the negative attitudes towards the Roma in society at large, in particular among authorities such as the police and professionals providing health care, education and other social services;

(b) Based on the evaluation of previous strategies, develop and implement a comprehensive strategy for improving access to primary health care, education and social welfare services, in cooperation with Roma NGO partners and targeting the whole Roma child population;

...

See also:

- Czech Republic, CRC, CRC/C/124 (2003) 78 at paras. 388 and 389.
- Viet Nam, CRC, CRC/C/124 (2003) 67 at paras. 287, 288, 292, 293, 304 and 305.

287. The Committee notes with concern that domestic legislation does not specifically prohibit discrimination based on all the grounds listed under article 2 of the Convention. In particular, discrimination against children with disabilities is not explicitly prohibited. Moreover, the lower level of development indicators for ethnic minorities appears to indicate the existence of some level of societal and institutional discrimination, specifically with regard to their access to health and education.

288. The Committee recommends that the State party:

(a) Amend domestic legislation to ensure that it corresponds fully with all the provisions of article 2 of the Convention and that, in particular, discrimination against children on the grounds of disability is expressly prohibited by law;

(b) Strengthen efforts to eliminate disparities in the accessibility and quality of health care and education between regions and ethnic minorities;

...

292. The Committee is concerned at the high number of children who are injured, disabled

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or killed by accidents, such as traffic accidents, or by natural disasters.

293. While noting the State party's efforts, in particular the National Programme of Action for Accident Control (2000), the Committee recommends that the State party conduct a study on the scope and causes of accidental deaths and strengthen its efforts to reduce accident-related deaths through, *inter alia*, awareness-raising campaigns and education programmes aimed at parents, children and the public at large.

...

304. The Committee notes with appreciation the extremely high rate of immunization coverage in the State party. While the maternal mortality rate is declining, the Committee is nevertheless concerned at the persistently high rates of maternal mortality, infant mortality and under-5 mortality, as well as the high rates of malnutrition among children, the frequency of anaemia amongst pregnant women, and the low proportion of women who breastfeed their children exclusively for the first six months. In general, it appears that antenatal care is inadequate, primarily because of a lack of access to such services and clinics. In addition, the Committee notes with concern the re-emergence of typhoid and cholera in the State party.

305. The Committee recommends that the State party:

(a) Strengthen the implementation of the National Nutrition Strategy, particularly in rural areas;

(b) Take steps to encourage and educate mothers, as well as village health workers and traditional birth attendants, on the benefits of exclusive breastfeeding of infants for the first six months and take measures to limit the distribution of infant formulas, for instance through the formulation of a national marketing code;

(c) Increase the resources available to district health centres and commune health stations and ensure that they have adequate human and material resources, in particular for maternal health and care of newborns;

(d) Take all appropriate measures to prevent the spread of communicable diseases, specifically typhoid and cholera.

- Czech Republic, CRC, CRC/C/124 (2003) 78 at paras. 354, 355, 362, 367, 368, 371, 372, 379, 380, 384 and 385.

354. The Committee is encouraged by the decline in infant mortality rates in the State party, but remains concerned at the high rate of accidents, including injuries, poisoning and traffic accidents. Furthermore, it is concerned that the suicide rate is relatively high despite the

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declining trend.

355. The Committee recommends that the State party:

(a) Strengthen efforts to raise awareness about, and undertake public information campaigns in relation to, accident prevention;

(b) Study the possible causes of suicide among youths and the characteristics of those who appear to be most at risk, and take steps to put into place additional support and interventional programmes which would reduce this tragic phenomenon.

...

362. The Committee recommends that the State party take action to address ill-treatment and abuse committed against children in the family, in schools, in the streets, in institutions and in places of detention through, *inter alia*:

...

(h) Taking measures for the physical and psychological recovery and social reintegration of victims of rape, abuse, neglect, ill-treatment and violence, including by providing counselling, care, recovery and reintegration programmes for victims as well as perpetrators, in accordance with article 39 of the Convention;

...

367. The Committee is encouraged by the decline in the infant mortality rate. However, the Committee is deeply concerned that the present economic situation in the health sector does not allow for compulsory preventive medical check-ups of children from birth to the age of 3 to be covered by public health insurance. Furthermore, the Committee regrets the insufficient information provided following the Committee's previous recommendation (CRC/C/15/Add.81, para. 38) to undertake research on the possible effects of environmental pollution on the health of children.

368. The Committee recommends that the State party urgently:

(a) Define sustainable financing mechanisms for the primary health-care system and an effective utilization of resources, including adequate salaries for child health-care professionals, in order to ensure that all children, in particular children from the most marginalized vulnerable groups, have access to free basic health care of good quality;

(b) Undertake comprehensive research on the possible effects of environmental pollution on the health of children with a view to effectively addressing this problem.

...

371. The Committee reiterates the concerns expressed by the Committee on Economic Social and Cultural Rights (E/C.12/1/Add.76, paras. 21 and 41) at tobacco smoking, drug abuse and alcohol consumption, as well as at the decreasing but still high number of teenage pregnancies and abortions.

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372. The Committee recommends that the State party undertake further measures, including through the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health and substance abuse, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child.

...

379. The Committee welcomes the ratification by the State party of ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour...[T]he Committee is concerned that many children, including those under 15 years of age and as young as 7 years, perform regular labour in agriculture, family enterprises and as models.

380. The Committee recommends that the State party:

...

(c) Protect all children above 15 years from performing any work that is likely to be hazardous, to interfere with the child's education, or to be harmful to the child's health or physical, mental or social development;

...

384. The Committee is concerned that there is a growing number of children living on the street in urban areas vulnerable to, *inter alia*, sexual abuse, violence, including from the police, exploitation, lack of access to education, substance abuse, sexually transmitted diseases, HIV/AIDS and malnutrition...

385. The Committee recommends that the State party:

...

(b) Make additional efforts to provide protection to children living on the street and to ensure their access to education and health services;

...

- Haiti, CRC, CRC/124 (2003) 95 at paras. 436, 437, 440 and 441.

436. The Committee welcomes the efforts undertaken by the State party in the area of basic health and welfare, such as the expanded programme of immunization, the participation in the Integrated Management of Childhood Illness and the Baby Friendly Hospital Initiative and the promotion of breastfeeding, but remains deeply concerned at the high infant, under-5 and maternal mortality rates and low life expectancy in the State party. The Committee also remains concerned that access to health services in the rural areas is limited, and that the survival and development of children in the State party continue to be threatened by early childhood and infectious diseases, diarrhoea and malnutrition. The Committee is further concerned at the poor state of sanitation and at the insufficient access to safe drinking water,

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especially in rural areas.

437. The Committee recommends that the State party, by, *inter alia*, implementing as soon as possible its National Health Plan:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services, notably in rural areas; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and continue to promote proper breastfeeding practices;

(c) Continue its immunization campaigns and incorporate them into the Integrated Management of Childhood Illness;

(d) Establish midwifery training programmes to assure safe home delivery;

(e) Pursue additional avenues for cooperation and assistance for the improvement of child health with, among others, WHO and UNICEF.

...

440. The Committee notes the adoption of the HIV National Strategic Plan, but is extremely concerned at the high incidence and increasing prevalence of HIV/AIDS amongst adults and children, more particularly at the high incidence of children infected at birth and at the number of children orphaned by HIV/AIDS. The Committee is further concerned at the lack of knowledge among adolescents on how to prevent HIV/AIDS in spite of real efforts by the State party to raise awareness on this issue.

441. The Committee recommends that the State party:

(a) Increase its efforts to prevent HIV/AIDS, taking into consideration the recommendations of the Committee adopted at its day of general discussion on children living in a world with HIV/AIDS (CRC/C/80, para. 243);

(b) Urgently take measures to prevent mother-to-child transmission, *inter alia* by combining it with the activities to reduce maternal mortality, and take adequate measures to address the impact upon children of the HIV/AIDS-related deaths of parents, teachers and others, in terms of children's reduced access to family life, adoption, emotional care and education;

(c) Strengthen its efforts to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups;

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(d) Seek further technical assistance from, among others, UNAIDS.

- Iceland, CRC, CRC/124 (2003) 109 at para. 463.

463. The Committee notes with appreciation the follow-up measures taken by the State party pursuant to the previous recommendations. It further welcomes:

...

(d) The adoption of the National Health Plan, which includes strategies for children aimed at addressing alcohol and tobacco consumption and improving the reach of psychiatric services, as well as reducing accident-related injuries and deaths.

- Eritrea, CRC, CRC/C/132 (2003) 8 at paras. 27 and 63-66.

27. The Committee notes with appreciation the State party's successful efforts, following its independence in 1993:

(a) To reduce child mortality by over 50 per cent and increase immunization coverage from 10 to 60 per cent;

...

63. The Committee notes with appreciation the State party's programme to extend health services which has increased access from 10 to 70 per cent of the population since independence in 1991, as well as its programme of cooperation with UNICEF in the area of health and health services. However, the Committee is concerned at the high rate of child and infant mortality due to acute respiratory infections, diarrhoeal diseases, malaria and malnutrition. It is further concerned that a considerable number of families lack access to safe drinking water and sanitation facilities, which contributes to the spread of communicable diseases.

64. The Committee recommends that the State party:

(a) Continue to expand access to health services, in particular in rural areas, and increase the skills of health personnel with a view to reducing infant mortality rates;

(b) Continue to strengthen the implementation of existing health policies and programmes, in particular the National Policy on Breastfeeding and Weaning Practices (1995) and the Eritrean Rural Water Supply and Environmental Sanitation Programme;

(c) Expedite the adoption of the draft Marketing of Infant and Young Child Foods Act.

65. The Committee is concerned at the lack of available data regarding the prevalence of

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substance abuse, tobacco use and suicide. It is also concerned about the growing problem of sexually transmitted infections (STIs) among adolescents.

66. The Committee recommends that the State party take all necessary measures to assess the prevalence of substance abuse, tobacco use and suicide and take effective measures to prevent and treat health problems affecting adolescents, including the spread of STIs, through, *inter alia*, sex education, counselling and availability of condoms.

- Cyprus, CRC, CRC/C/132 (2003) 21 at paras. 135 and 136.

135. The Committee welcomes the information contained in the State party's report on health education in schools, in particular information on the harmful effects of alcohol and nicotine. However, the Committee is concerned at the high rate of children consuming alcohol, tobacco, drugs and other harmful substances.

136. The Committee encourages the State party to actively pursue its health education initiatives in schools and recommends that it undertake further measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards substance abuse, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child.

- Zambia, CRC, CRC/C/132 (2003) 32 at paras. 197, 198, 217 and 218.

197. The Committee notes the efforts of the State party to improve health care for children through, *inter alia*, the National Health Strategic Plan 2000-2005 and the Integrated Management of Childhood Illnesses. However, the Committee is concerned about the insufficient number of trained medical personnel; the weakness of family planning services; the high maternal, child and infant mortality rates; the high incidence of malaria and acute respiratory infections; the fact that, in some instances, male circumcision is carried out in unsafe medical conditions; and the poor sanitation and limited access to safe drinking water, especially in rural areas.

198. The Committee recommends that the State party:

(a) Strengthen its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to free primary health services; reduce the incidence of

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maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; reinforce family planning services; ensure the health of boys and protect them against unsafe circumcision; and increase access to safe drinking water and sanitation;

(c) Pursue additional avenues for cooperation and assistance for child health improvement with, among others, WHO and UNICEF.

...

217. The Committee notes the launch of the National Education Campaign by the Drug Enforcement Commission but remains concerned at the practice of substance abuse by children, the lack of statistics on this issue and the limited capacities of the specific institutions in the State party to treat drug-addicted children.

218. The Committee recommends that the State party strengthen its efforts to prevent substance abuse by children, giving particular attention to vulnerable groups; make additional efforts to monitor the incidence of substance abuse and to keep accurate statistics on the phenomenon; and develop mechanisms and structures through which assistance, including health and rehabilitative assistance, can be provided to children who abuse substances.

- Sri Lanka, CRC, CRC/C/132 (2003) 48 at paras. 265-268.

265. While acknowledging the improvements in mortality rates and immunization coverage, the Committee remains concerned at the high levels of child malnutrition, the significant proportion of children born with low birth weight, the prevalence of mosquito-borne diseases, including malaria, and the lack of access to safe drinking water and sanitation, particularly in conflict-affected areas.

266. The Committee recommends that the State party:

(a) Ensure universal access to maternal and child health-care services and facilities throughout the country with special attention to conflict-affected areas;

(b) Prioritize the provision of drinking water and sanitation services in reconstruction activities;

(c) Strengthen ongoing efforts to prevent malnutrition, malaria and other mosquito-borne diseases and continue to promote exclusive breastfeeding for the first six months of an infant's life, and extend these programmes to all conflict-affected areas;

(d) Seek technical assistance from, among others, UNICEF.

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267. The Committee notes the establishment of Presidential Task Forces to deal with the problems of suicide and alcohol, drug and tobacco use by adolescents, and the subsequent improvement in the rate of youth suicide. Nevertheless, the Committee is concerned that these issues remain a problem for adolescents and that an organized system of reproductive health counselling and services for youth, as well as education on HIV/AIDS and STDs, does not yet exist.

268. The Committee recommends that the State party continue to strengthen its efforts to address youth suicide, drug abuse, alcoholism and tobacco use and develop a comprehensive policy on adolescent health which, *inter alia*, supports the implementation of the recommendations of the Presidential Task Forces, promotes collaboration between State agencies and NGOs [non-governmental organizations] in order to establish a system of formal and informal education on HIV/AIDS and STDs, and ensures access to reproductive health counselling and services for all adolescents. The State party should make use of the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37) and the Committee's general comment No. 3 on HIV/AIDS and the rights of the child, in order to promote and protect the rights of children infected with and affected by HIV/AIDS.

- Solomon Islands, CRC, CRC/C/132 (2003) 58 at paras. 304, 305, 321-326 and 331-334.

304. The Committee is concerned that:

...

(b) The principle of non-discrimination is not adequately implemented for children of some ethnic minorities and of economically disadvantaged households, children living in remote islands, children born out of wedlock and children with disabilities, especially with regard to their access to adequate health care and educational facilities.

305. The Committee recommends that the State party monitor the situation of children, in particular those belonging to the above-mentioned vulnerable groups, who are exposed to discrimination and develop, on the basis of the results of this monitoring, comprehensive strategies containing specific and well-targeted actions aimed at eliminating all forms of discrimination.

...

321. The Committee is encouraged by the introduction of the Community-based Rehabilitation Programme. However, it is concerned that:

(a) Children with disabilities living on remote islands may not have access to rehabilitation services, as these are based in the capital;

...

322. The Committee recommends that the State party:

...

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(d) Develop rehabilitation services in remote island areas;

...

323. The Committee is deeply concerned:

(a) At the current breakdown of health services amounting to a national emergency, leaving the country's clinics, health centres and hospitals without necessary medicine, equipment or food;

(b) At the closure of a number of hospitals due to a lack of financial resources;

(c) That medical staff have not received their salaries for extended periods, which has led many doctors to seek employment overseas;

(d) At the unavailability of accurate and updated health indicators due to poor birth and death registrations;

(e) At the high incidence of malnutrition/undernutrition.

324. The Committee urgently recommends that the State party:

(a) Allocate funds to hospitals and health-care services on a priority basis in order to restore the health services to an operational level;

(b) Ensure that doctors, nurses and other medical personnel are able to resume work as soon as possible;

(c) Establish appropriate mechanisms to assess important health indicators, *inter alia*, the infant mortality rate;

(d) Take measures to address malnutrition and undernutrition in children, pregnant women and breastfeeding mothers;

(e) Seek technical assistance from WHO and other organizations.

325. The Committee is concerned that:

(a) Adolescents do not have appropriate access to information and/or services relating to adolescent health in general and reproductive health in particular;

(b) Adolescents remain extremely vulnerable to STIs and that girls are not protected from the risk of pregnancy;

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(c) There are no comprehensive strategies and policies to address adolescent health issues, including mental health;

(d) Tobacco, alcohol and substance abuse are widespread among young people.

326. The Committee recommends that the State party:

(a) Take steps to ensure that all adolescents have access to information and health-care facilities;

(b) Address the needs of adolescent mothers and those who have contracted STIs;

(c) Formulate concrete strategies to address adolescent health issues, including mental health;

(d) Strengthen its efforts to end tobacco, alcohol and drug abuse by children;

(e) Seek technical assistance from United Nations agencies, including WHO, UNICEF and UNFPA.

...

331. The Committee is concerned that a large number of children have been displaced during the recent armed conflict.

332. The Committee urges the State party to make every effort to protect the civilian population from displacement, giving particular attention to the situation of unaccompanied children and the need for effective family tracing and reunification. The Committee also urges the State party to ensure that all displaced children and their families have access to essential health and education services and to consider the need for continued access to such services during the often slow process of return to communities of origin...

333. The Committee is deeply concerned that:

...

(b) There are no reports of the measures taken to rehabilitate child soldiers.

334. The Committee recommends that the State party:

...

(b) Take immediate measures to rehabilitate child soldiers and other child victims of armed conflicts and provide them with access to educational opportunities and health care;

...

- Libyan Arab Jamahiriya, CRC, CRC/C/132 (2003) 74 at paras. 382 and 383.

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382. The Committee notes the establishment of the National Committee for AIDS Prevention in 1987 and other measures to address the problem of HIV/AIDS, but is concerned at the relatively high number of children afflicted by HIV/AIDS in Benghazi. The Committee is also concerned at the insufficient information available in relation to adolescent health, particularly in relation to mental health issues.

383. The Committee recommends that the State party:

- (a) Continue and strengthen its activities to prevent HIV/AIDS;
- (b) Provide the special AIDS clinic in the children's hospital with all the necessary human and financial resources to treat the child victims of HIV/AIDS in the best possible way, avoiding any form of discrimination;
- (c) Ensure that adolescents have access to, and are provided with, education on adolescent health issues, in particular regarding mental health, in a sensitive manner;
- (d) Take appropriate measures to reduce substance dependency amongst young people;
- (e) Strengthen efforts in the area of adolescent health education within the school system;
- (f) Seek assistance from, among others, UNICEF and WHO.

- Jamaica, CRC, CRC/C/132 (2003) 86 at paras. 434-437.

434. The Committee notes with appreciation the State party's considerable achievements in the area of health care and its awareness of and intention to further improve the health situation among children through, *inter alia*, the adoption of the National Health Services Act, the expansion of health programmes and campaigns and the establishment of a quality assurance programme for the training of health personnel. However, the Committee remains concerned about:

- (a) The insufficient number of health personnel, medicines and supplies to meet the needs of sick children;
- (b) The problems of environmental degradation within the State party, including air pollution and difficulties accessing safe, clean water in a number of rural and inner-city areas;
- (c) The high rates of children and adolescents who are victims of accidents and violence.

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435. The Committee recommends that the State party:

- (a) Continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately stocked with appropriate basic medicines for all children, as well as by paying attention to the mental health of children and young people;
- (b) Intensify its efforts to address environmental health concerns, particularly with regard to air pollution and solid waste management, and increase access to safe drinking water and sanitation;
- (c) Intensify efforts to improve safety for all children by reducing violence and abuse as well as preventing accidents through, *inter alia*, life-skills education campaigns and undertaking a review of existing preventive and guidance measures, including counselling, and mental health-care services.

436. The Committee is concerned that:

- (a) Adolescents face particular physical and mental health risks, including from sexual abuse, violence, drug and alcohol abuse and STIs;
- (b) The rate of teenage pregnancy and number of very young mothers are disturbingly high.

437. With reference to the concluding observations of the Committee on Economic, Social and Cultural Rights (E/C.12/1/Add.75) and the Committee on the Elimination of Discrimination against Women (A/56/38, paras. 195-233), the Committee recommends that the State party:

- (a) Increase its efforts to promote adolescent health, including mental health, policies, particularly with respect to reproductive health, substance abuse and health education in schools, ensuring the full participation of adolescents;
- (b) Consider means of reducing teenage pregnancy, including by strengthening reproductive health education and education in family planning for adolescents as well as campaigns and education programmes to change attitudes towards fertility and sexuality, and ensure the provision of full health and counselling support for pregnant girls and that these girls are able to continue their formal education.

- Syrian Arab Republic, CRC, CRC/C/132 (2003) 116 at paras. 566 and 567.

566. The Committee welcomes the adoption of the Integrated Management of Childhood

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Illnesses strategy and the State party's support for various initiatives, such as the Community School Initiative and "healthy villages" and notes the achievements in child and maternal health, as indicated in recent multiple indicator cluster surveys. But it is still concerned:

- (a) That the range and quality of services of the country's health centres are limited;
- (b) That about 14 per cent of births are not attended by trained health personnel;
- (c) That there is a significant gap in the quality of care between public and private health services, and that private services are inaccessible to most people because they do not have insurance;
- (d) That only 25 per cent of mothers in the north treat their children's diarrhoea correctly with oral rehydration therapy;
- (e) Only about 60 per cent of households consume iodized salt;
- (f) About the inadequate access to safe drinking water and sanitation in rural areas.

567. The Committee recommends that the State party:

- (a) Ensure that its commitment to public primary health care is matched by adequate allocations of human and financial resources and that all children, especially in rural areas, have access to health care;
- (b) Continue efforts to implement the Integrated Management of Childhood Illnesses strategy throughout the country;
- (c) Undertake greater efforts to promote better home-care practices in early childhood;
- (d) Continue to support and expand the Community School Initiative and "healthy villages";
- (e) Continue to cooperate with and seek assistance from, among others, UNICEF and WHO.

- Kazakhstan, CRC, CRC/C/132 (2003) 129 at paras. 633, 635-638, 640, 641, 644 and 645.

633. The Committee welcomes the legislation relating to social, medical and educational support for children with special needs and is aware of the efforts of the State party to address the problems children with disabilities face, particularly relating to education, health and employment.

...

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635. The Committee is concerned at the prevailing poor situation of children with disabilities. In particular it is concerned:

...

(c) At the lack of counselling and psychological care provided by the State for disabled children;

...

(f) At the considerable reduction of privileges, including free medical care and prosthetics;...

636. In light of article 23 of the Convention, the Committee recommends that the State party:

...

(d) Allocate the necessary resources for programmes, medicines and prostheses, trained staff and facilities for all children with disabilities, especially for those living in rural areas;

...

637. While welcoming the efforts made in 2002 to increase the accessibility of health services in rural areas, the Committee remains concerned at the reduced quality and accessibility of health-care services, particularly affecting children in rural areas, as noted in the State party's report. The Committee further shares the concerns of CEDAW with respect to access to free medical care for women and the degree of environmental degradation, particularly as it affects access to clean drinking water, which has an extremely negative impact on the whole population and, in particular, women and children.

638. The Committee notes the international cooperation in the sphere of health, the special comprehensive medium-term programme for the protection of mother and child health 2001-2005, and the reduction, in recent years, of the infant mortality rate, the under-5 mortality rate and the maternal mortality rate, but is nevertheless concerned that these remain unacceptably high.

...

640. The Committee expresses its concern at problems of poor access to safe drinking water, lack of food security and serious hazards arising from the Aral Sea disaster, as well as those relating to the Semipalatinsk nuclear testing site (closed in 1989), and notes that insufficient attention has been given to the long-term health and psychosocial consequences of the affected population.

641. The Committee urgently recommends that the State party:

(a) Ensure that all children, especially from the most vulnerable groups and in rural areas, have access to primary health care, and encourages the State party to pursue its efforts in this respect and to implement the recommendations of CEDAW as they relate to children;

(b) Develop a national policy in order to ensure an integrated and multidimensional approach to early childhood development;

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(c) Continue and strengthen implementation of the WHO Integrated Management of Childhood Illness programme;

(d) Improve the specialized health care provided to children affected by the Semipalatinsk nuclear testing site, including its psychosocial aspect;

(e) Strengthen its efforts to detect and prevent diseases related to nuclear contamination;

(f) Focus more on a long-term developmental approach to the assistance extended to children through, *inter alia*, supporting United Nations initiatives in this area;

(g) Take all appropriate measures, including seeking international cooperation, to prevent and combat the damaging effects of environmental degradation on children, including pollution of the environment and food products.

...

644. The Committee welcomes the information provided on the new bill on refugees and notes the efforts of the State party relating to the repatriation of ethnic Kazakhs in this regard; however, the Committee is concerned that:

...

(c) The treatment, including nutritional and medical care, provided for illegal migrants, including children, arriving in western Kazakhstan seeking work is inadequate;

...

645. The Committee recommends that the State party:

...

(d) Consider measures through which asylum-seeking and refugee children can be granted equal access to services, in particular education, irrespective of who they are and where they live;

...

- San Marino, CRC, CRC/C/133 (2003) 9 at paras. 45 and 46.

45. The Committee is concerned at the very high prevalence of obesity among children in the State party.

46. The Committee recommends that the State party take effective measures to continue and strengthen its special programmes to address the issue of child obesity and promote a healthy lifestyle among children.

- Canada, CRC, CRC/C/133 (2003) 14 at paras. 84-87.

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84. The Committee is encouraged by the commitment of the Government to strengthening health care for Canadians by, *inter alia*, increasing the budget and focusing on Aboriginal health programmes. However, the Committee is concerned at the fact, acknowledged by the State party, that the relatively high standard of health is not shared equally by all Canadians. It notes that equal provincial and territorial compliance is a matter of concern, in particular as regards universality and accessibility in rural and northern communities and for children in Aboriginal communities. The Committee is particularly concerned at the disproportionately high prevalence of sudden infant death syndrome and foetal alcohol syndrome disorder among Aboriginal children.

85. The Committee recommends that the State party undertake measures to ensure that all children enjoy equally the same quality of health services, with special attention to indigenous children and children in rural and remote areas.

86. The Committee is encouraged by the average decline in infant mortality rates in the State party, but is deeply concerned at the high mortality rate among the Aboriginal population and the high rate of suicide and substance abuse among youth belonging to this group.

87. The Committee suggests that the State party continue to give priority to studying possible causes of youth suicide and the characteristics of those who appear to be most at risk, and take steps as soon as practicable to put in place additional support, prevention and intervention programmes, e.g. in the fields of mental health, education and employment, that could reduce the occurrence of this tragic phenomenon.

- New Zealand, CRC, CRC/C/133 (2003) 27 at paras. 147 and 148.

147. The Committee welcomes the adoption of the Child Health Strategy in 1998. However, the Committee is concerned that immunization coverage is not universal and at the relatively high rates of infant mortality and injuries among children. The Committee also notes with concern that child health indicators are generally lower among the Maori population.

148. The Committee recommends that the State party:

(a) Allocate sufficient human and financial resources to implement the Child Health Strategy;

(b) Take all necessary measures to ensure universal immunization coverage and develop preventive health care and guidance for parents and families that effectively address the relatively high rates of infant mortality and injuries;

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(c) Take all necessary measures to address disparities in health indicators between ethnic communities, in particular the Maori population.

- Pakistan, CRC, CRC/C/133 (2003) 37 at paras. 218, 219, 224, 225, 231, 232, 238 and 239.

218. The Committee notes the efforts of the State party in the area of basic health and welfare, such as the immunization and control of diarrhoeal diseases programmes and the consequent decreases in polio and the infant mortality rate. The Committee also welcomes the promulgation of the Protection of Breastfeeding and Young Child Nutrition Ordinance (2002). Nonetheless, the Committee is extremely concerned at the very poor health situation of children and the unavailability of health-care services in the State party for them. Particular matters of concern are:

- (a) The very low spending on health in the State party;
- (b) The insufficient focus on preventive health care;
- (c) The still very high infant, under-5 and maternal mortality rates, due partly to weak antenatal and postnatal care and maternal malnutrition;
- (d) The high prevalence of malnutrition among children as well as diarrhoea, acute respiratory tract infections, malaria and iodine deficiency which leads to both physical and mental health problems among children;
- (e) The poor provision of health care, particularly in rural areas, owing to lack of necessary support structures such as education, communication, transport and other facilities, as well as reports of corruption within the framework of projects supported by international organizations;
- (f) The still very low immunization coverage, with an estimated 160,000 deaths due to vaccine-preventable diseases;
- (g) The lack of coordination regarding health care, notably between health-care providers and donor communities concerning the distribution of medical equipment.

219. The Committee recommends that the State party:

- (a) Allocate appropriate resources for health and develop and implement comprehensive policies and programmes to improve the health situation of children;
- (b) Emphasize the role of preventive health care;

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(c) Continue and strengthen efforts to decrease the infant, under-5 and maternal mortality rates by, *inter alia*, providing adequate ante- and post-natal care;

(d) Expand programmes to alleviate widespread child and maternal malnutrition and its serious consequences on health and psychological development, notably by promoting breastfeeding;

(e) Improve access to health care, especially in rural areas, through coordinated and comprehensive health-care strategies, as well as transparent allocation and distribution of donor funds and other forms of international assistance;

(f) Improve immunization.

...

224. The Committee is very concerned at the high number of children living in poverty, the shortage of adequate housing, clean water, adequate sanitation and sewage and the problem of air pollution, all of which have a serious negative impact on the living conditions of children in the State party, causing injuries, sickness and death.

225. In accordance with article 27 of the Convention, the Committee recommends that the State party:

...

(b) Pay particular attention to the rights and needs of children in its poverty reduction strategy paper and in all programmes intended to improve the standard of living in the country, including access to clean water and unpolluted air;

...

231. While noting some progress in this field, for instance, the introduction of birth registration in the refugee camps in May 2002, the Committee remains concerned at the very harsh living conditions in Afghan refugee camps, the scarcity of food and water and the lack of shelter and medical care, which have serious implications for the situation of children living in these camps...

232. The Committee recommends that the State party:

(a) Make all appropriate efforts to improve the living conditions of refugee families and children in refugee camps and elsewhere within the country;

...

(c) Ensure that refugee children have access to health care and education and are not discriminated against;

...

238. The Committee is concerned at the high rate of drug abuse among children.

239. The Committee recommends that the State party:

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- (a) Develop a national drug control plan, or master plan, with the guidance of the United Nations Drug Control Programme;
 - (b) Provide children with accurate and objective information about substance use, including hard drugs and tobacco, and protect children from harmful misinformation;
 - (c) Cooperate in this regard with UNICEF and WHO;
 - (d) Develop rehabilitation services for children who are victims of substance abuse.
- Madagascar, CRC, CRC/C/133 (2003) 56 at paras. 298 and 299.

298. While taking note of the adoption of several national programmes relating to child survival, including the elimination of fees for health care for children, the Committee is deeply concerned at the high infant and under-5 mortality rates and low life expectancy in the State party. The Committee also remains concerned that health services in the local areas continue to lack adequate resources (both financial and human) and that health coverage is declining. The Committee is concerned that this situation has led to increasing recourse to traditional practitioners, some of whom are unscrupulous charlatans (report, para. 749). In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood infectious diseases, diarrhoea and malnutrition. Concern is also expressed at the low immunization rate, the poor state of sanitation and the insufficient access to safe drinking water, especially in rural areas.

299. The Committee recommends that the State party:

- (a) Increase the allocation of adequate human and financial resources and develop and implement comprehensive policies and programmes, in particular strengthening the expanded programme of immunization, the Bamako Initiative, the baby-friendly hospital Initiative and the nutritional programme to improve the health situation of children, particularly in rural areas;
- (b) Facilitate access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition and malaria; enhance hygiene, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;
- (c) Pursue additional avenues of cooperation and assistance for the improvement of child health with, among others, WHO and UNICEF.

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- Brunei Darussalam, CRC, CRC/C/133 (2003) 73 at paras. 377 and 378.

377. The Committee notes the State party's non-punitive approach to victims of drug abuse, but is concerned that children abusing drugs may be placed in a closed institution for a period of up to three years.

378. The Committee recommends that the State party develop non-institutional forms of treatment of children who abuse drugs and make the placement of children in an institution a measure of last resort. In addition, the Committee recommends that children living in such institutions be provided with basic services such as health, education and other social services and maintain contact with their family during their stay...

- Singapore, CRC, CRC/C/133 (2003) 84 at para. 421 and 422.

421. The Committee notes with appreciation the excellent level of health indicators for children and the wide availability of high-quality health-care services... However, it remains concerned that the incidence of exclusive breastfeeding is relatively low and that youth suicide rates are on the rise.

422. The Committee recommends that the State party:

(a) Strengthen its efforts to promote exclusive breastfeeding during the first six months of an infant's life through, *inter alia*, the adoption and implementation of the International Code of Marketing of Breast Milk Substitutes, obtaining certification for hospitals as baby-friendly hospitals and extending maternity leave;

(b) Strengthen adolescent health services, in particular counselling services and suicide prevention programmes.

- Bangladesh, CRC, CRC/C/133 (2003) 93 at paras. 436, 483-486, 511 and 512.

436. The Committee recognizes with appreciation that the State party has made clear and visible progress, in some fields to a remarkable extent, in the field of child nutrition, health, education and labour...

...

483. The Committee notes with appreciation the efforts undertaken and the achievements made by the State party to reduce infant and under-5 mortality rates, as well as the eradication of polio and the improved immunization coverage. Nevertheless, the Committee remains deeply concerned:

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- (a) That infant and under-5 mortality rates remain high, and that stunting, wasting and severe malnutrition among both children and their mothers are extremely widespread;
- (b) At the unhygienic practices surrounding childbirth, which results in, among other things, tetanus, and at the lack of prenatal care;
- (c) At the low level of exclusive breastfeeding, which contributes to malnutrition;
- (d) At the low level of awareness among the population, particularly in rural areas, of the need to use hygienic, sanitary practices;
- (e) At the high rate of children dying as a result of accidents, such as drowning, and that little is done by the State party to prevent these deaths;
- (f) At the lack of infrastructure for access to health facilities, notably in rural areas.

484. The Committee recommends that the State party:

- (a) Ensure that appropriate resources are allocated for the health sector and develop and implement comprehensive policies and programmes for improving the health situation of children;
- (b) Facilitate greater access to free primary health services throughout the country as well as prevent and combat malnutrition, paying particular attention to pre- and antenatal care for both children and their mothers;
- (c) Enhance its efforts to promote proper breastfeeding practices;
- (d) Enhance the efforts to educate the population in hygienic, sanitary behaviour, notably through awareness-raising campaigns and programmes;
- (e) Explore additional avenues for cooperation and assistance with the aim of improving child health with, *inter alia*, WHO and UNICEF.

...

485. The Committee welcomes the adoption of the National Policy for Safe Water Supply and Sanitation. However, the Committee is concerned, despite the measures taken by the State party, about the extent of water contamination, specifically with arsenic, air pollution and the low availability of sanitation facilities which have serious negative consequences for children's health and development.

486. The Committee urges the State party:

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(a) To continue and strengthen its efforts to reduce contamination and pollution of air and water as well as improve sanitation facilities, including by strengthening the implementation of the National Policy for Safe Water Supply and Sanitation;

(b) To intensify awareness-raising campaigns and educational programmes in order to inform children and adults about appropriate behaviours protecting them against risks.

...

511. The Committee is deeply concerned about the poor situation of children of the Chittagong Hill Tracts, and other religious, national and ethnic minorities, tribal groups or similar marginalized groups and the lack of respect for their rights, including the rights to food, to health care, to education and to survival and development, to enjoy their own culture and to be protected from discrimination.

512. The Committee urges the State party to gather additional information on all minorities or similar marginalized groups of the population, and to elaborate policies and programmes to ensure the implementation of their rights without discrimination, taking into account the Committee's recommendations adopted at its day of general discussion on the theme "The rights of indigenous children".

- Georgia, CRC, CRC/C/133 (2003) 111 at paras. 562 and 563.

562. The Committee welcomes the information contained in the State party's report (para. 181) on the national health-care policy and on the strategic plan to develop health care in Georgia over the period 2000-2009. The Committee is aware of efforts to reduce infant mortality, but remains deeply concerned at the high rate of infant mortality during the reporting period (68/1,000 for 1998 and 51/1,000 for 1999). It is equally concerned that the supply of safe and good-quality drinking water is inadequate.

563. The Committee reiterates its previous recommendation regarding the allocation of human and financial resources for the implementation of the National Health Policy. In particular, the Committee recommends that the State party:

(a) Strengthen its efforts to implement the National Health Policy through adequate and sustainable allocation of resources (both human and financial), including the training of sufficient numbers of health-care professionals, the provision of adequate salaries for health-care workers, and investments in health-care infrastructure, especially in the most disadvantaged areas;

(b) Improve the effectiveness of antenatal care and maternal health education with a view to reducing the high incidence of infant mortality;

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(c) Address the situation regarding the supply of safe drinking water by, *inter alia*, seeking further support from the World Bank for the Municipal Development Fund of Georgia for the rehabilitation of the network of water supply and sewerage systems;

(d) Seek technical assistance from, *inter alia*, UNICEF.

- Indonesia, CRC, CRC/C/137 (2004) 8 at paras. 75-79, 86, 93, 94, 110 and 111.

75. While acknowledging the improvements in budget allocations to the health-care sector, the Committee remains concerned at the high maternal mortality rate, incidence of child malnutrition, proportion of children born with low birth weight and prevalence of infectious and, mosquito-borne diseases, including malaria, the low immunization rate and the lack of access to safe drinking water and sanitation, particularly in conflict-affected areas.

76. The Committee is further concerned that the fragmentation of policies on health issues and care impedes the coordination and implementation of comprehensive approaches to child and adolescent health.

77. The Committee recommends that the State party:

(a) Ensure universal access to primary health care, especially maternal and child health-care services and facilities, including in rural and conflict-affected areas;

(b) Prioritize the provision of drinking water and sanitation services;

(c) Strengthen existing efforts to prevent malnutrition, malaria and other mosquito-borne diseases, to immunize as many children and mothers as possible, to make condoms and other contraceptives available throughout the country and to promote breastfeeding, and extend these programmes to all conflict-affected areas;

(d) Ensure that a life-course approach is taken with respect to child and adolescent health and development through the development of holistic and comprehensive health policies for children and adolescents;

(e) Seek cooperation in this matter from, among others, WHO.

78. The Committee notes the establishment in 1999 of the Commission on Reproductive Health, to deal, *inter alia*, with the problems of adolescent health, HIV/AIDS prevention and family planning. The Committee is nevertheless concerned that these issues remain a problem for adolescents and that no organized system of reproductive health counselling and services, nor education on HIV/AIDS and sexually transmitted infections (STIs) for youth

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exists. The Committee is further concerned at the high number of tobacco smokers among adolescents.

79. The Committee recommends that the State party:

(a) Develop comprehensive policies and plans on adolescent health, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development;

(b) Strengthen the implementation of the recommendations of the Commission on Reproductive Health;

(c) Promote collaboration between State agencies and NGOs in order to establish a system of formal and informal education on HIV/AIDS and STIs and on sex education;

(d) Take into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the updated International Guidelines on HIV/AIDS and Human Rights in order to promote and protect the rights of children infected with and affected by HIV/AIDS;

(e) Ensure access to reproductive health counselling and information and services for all adolescents;

(f) Provide adolescents with accurate and objective information on the harmful consequences of tobacco use and protect them from hurtful misinformation by imposing comprehensive restrictions on tobacco advertising.

...

86. The Committee recommends that the State party:

(a) Take immediate steps to ensure that all displaced and refugee children and their families have access to basic health and education services, and that all their rights contained in the Convention are protected, including the right to be registered at birth;

...

93. The Committee is concerned at the large number of children who use drugs or narcotics and that those children are treated as criminals rather than victims.

94. The Committee recommends that the State party:

(a) Provide children with accurate and objective information about the harmful consequences of substance abuse;

(b) Ensure that children using drugs and narcotics are treated as victims and not as criminals;

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(c) Develop recovery and reintegration services for child victims of substance abuse;

(d) Seek cooperation with and assistance from WHO and UNICEF.

...

110. The Committee welcomes the adoption of the Human Rights Act of 1999, which recognizes the right to freedom of religion and worship of everyone. However, the Committee is still concerned that the rights of children belonging to a minority or ethnic group are not recognized by the Act and that these children also do not have adequate access to education, health and social services.

111. The Committee recommends the further implementation of the Community Social Welfare Programme and the further development of such programmes with special reference to children belonging to ethnic groups.

- Guyana, CRC, CRC/C/137 (2004) 26 at paras. 156, 157, 160 and 161.

156. The Committee welcomes the implementation of the Integrated Management of Childhood Illness (IMCI) and the marked improvement in immunization coverage. However, the Committee remained concerned at the high infant and under-5 mortality rates, the high incidence of malaria, especially among the Amerindian children, as well as the high incidence of malnutrition, including iron deficiency anaemia and stunting of growth.

157. The Committee recommends that the State party:

(a) Take all necessary measures to reduce mortality rates by improving prenatal care and preventing communicable diseases;

(b) Continue to combat malaria and address environmental causes and strengthen availability of nets and insecticides, especially in areas where malaria is most prevalent;

(c) Address the issue of malnutrition by education and ensuring availability of adequate nutrition among mothers and children;

(d) Continue to encourage exclusive breastfeeding for six months with appropriate introduction of infant diet thereafter, taking into account the support needed for working mothers.

...

160. The Committee welcomes the National Strategic Plan HIV/AIDS 2002-2006 and the manufacturing of anti-retroviral drugs in the State party and supplying them free of charge to adults. However, the Committee is concerned about the rapid spread of HIV/AIDS within the State party causing a large number of children to be infected or affected by HIV/AIDS.

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161. The Committee recommends that the State party integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, in accordance with the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child (CRC/GC/2003/3).

- Armenia, CRC, CRC/C/137 (2004) 36 at paras. 222-227, 239 and 240.

222. While welcoming the adoption in March 2003 of a programme to provide free medical care, including dental care, for children up to the age of 15 and free inpatient medical care to children belonging to underprivileged groups up to the age of 18, the Committee reiterates its concern regarding the deterioration in the health system in the State party following cuts in public expenditure on the health system. In this regard, the Committee notes with concern that infant and maternal mortality rates remain high and that an increasing number of children and mothers suffer from malnutrition as a result of rising food prices and poverty. The Committee is also concerned about the continuous growth in tuberculosis morbidity among children...

223. The Committee urges the State party to:

- (a) Increase allocation of resources towards an effective primary health-care system;
- (b) Facilitate greater accessibility of health services, in particular in rural areas, including access to prenatal clinics and maternity hospitals;
- (c) Take measures to reduce child and infant mortality rates and combat tuberculosis;
- (d) Take measures to improve children's nutrition, including education on proper breastfeeding practices among mothers, and to remedy inequalities in access, availability and affordability of nutritious food;
- (e) Take measures to educate the public on healthy eating habits, providing the necessary dietary supplements to reduce the incidence of iron deficiency anaemia among mothers and children;
- ...
- (g) Continue cooperation with and seek assistance from, among others, UNICEF, the World Health Organization (WHO), the World Food Programme and civil society.

224. The Committee reiterates its concern regarding the high incidence of teenage pregnancies and the consequent high rate of abortions among girls under 18, especially illegal abortions. Furthermore, while the incidence of HIV remains low in the State party,

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the Committee is concerned about the lack of knowledge about HIV/AIDS among young people. The Committee welcomes, in this regard, the legislative measures taken in the area of reproductive health and HIV/AIDS prevention in 2002, such as the Reproductive Health and Human Reproductive Rights Act, the approval of the National Strategy to Combat HIV/AIDS in 2002, and the establishment of an Inter-Ministerial Council for HIV/AIDS Prevention.

225. The Committee recommends that the State party reinforce its efforts to reduce the number of teenage pregnancies and combat HIV/AIDS and other sexually transmitted diseases, including by ensuring that adolescents are provided with reproductive health education and child-friendly counselling services.

226. The Committee reiterates its concern at the high incidence of environmental threats. In particular, the Committee notes with concern that old water pipes and failures in the water supply system have led to contamination of drinking water and serious outbreaks of infectious diseases.

227. In the light of article 24 (c) of the Convention, the Committee reiterates its recommendation that the State party take all appropriate measures, including international cooperation, to prevent and combat the damaging effects of environmental degradation on children, including pollution and contamination of water supplies. The Committee encourages the State party to collect data on access to clean water and sanitation.

...

239. The Committee reiterates its concern about the increasing use of and traffic in illicit drugs among persons under 18 years. The Committee also notes with concern that child drug abusers are considered as criminals under article 231 of the Criminal Code and not as children in need of care and protection.

240. The Committee recommends that the State party develop a national drug control plan, or a Master Plan, with the guidance of the United Nations Drug Control Programme. The Committee encourages the State party to continue its efforts to provide children with accurate and objective information about substance abuse. The Committee urges the State party to ensure that child drug abusers are not criminalized, but treated as victims in need of assistance towards recovery and reintegration, and that the State party develop preventive and reintegration programmes for children who are victims of substance abuse. The Committee recommends cooperation with and assistance from WHO and UNICEF.

- Germany, CRC, CRC/C/137 (2004) 51 at paras. 293-296.

293. The Committee expresses its concerns at the widespread abuse of drugs, alcohol and tobacco among children; at the high incidence of infants born with the foetal alcohol

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syndrome; and that the number of children either of whose parents is a drug addict is estimated at 3 million.

294. The Committee recommends that the State party take all necessary measures to combat the abuse of drugs and alcohol among children and parents by, *inter alia*, undertaking intensive education campaigns and setting up adequate rehabilitation services.

295. The Committee is concerned that children with psychiatric illness are treated in the adult's ward in psychiatric institutions and that ethical issues pertaining to psychiatry are not sufficiently taken into consideration. The Committee is further deeply concerned at the very high incidence of suicide among children and adolescents.

296. The Committee recommends that the State party take all necessary measures to ensure that children are separated from adults in psychiatric institutions and to take into consideration more fully international standards regarding the ethics of psychiatry. In addition, the Committee recommends that the State party strengthen adolescent health services, in particular counselling services and suicide prevention programmes.

- The Netherlands (Netherlands and Aruba), CRC, CRC/C/137 (2004) 63 at paras. 362-365.

362. The Committee welcomes the low infant and child mortality rates in all parts of the State party, but is concerned about the relatively low vaccination rates among some religious groups. The Committee is also concerned that HIV/AIDS infection rates for mothers and children are on the rise.

363. The Committee recommends that the State party:

(a) Take all necessary measures, in cooperation with parents and religious leaders, to ensure universal vaccination of children;

(b) Take all necessary measures to reduce mother-to-child transmission of HIV/AIDS, including but not limited to the use of antiretroviral drugs for pregnant mothers who are HIV-positive.

364. The Committee is concerned at the lack of sufficient mental health services for adolescents in the State party, and the prevalence of drug and alcohol abuse. It is also concerned that teenage pregnancies and sexually transmitted infections are on the rise in the Netherlands, and that in Aruba there are limited services for teenage mothers, who are sometimes excluded from schools.

365. The Committee recommends that the State party:

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- (a) Take all necessary financial and administrative measures to ensure adequate availability of mental health services for adolescents;
 - (b) Take all necessary measures to prevent drug and alcohol abuse, including education campaigns, and ensure that there are sufficient rehabilitation services specifically for children and adolescents;
 - (c) Strengthen programmes on sex education, including in schools, and reproductive health counselling for adolescents and take effective measures to prevent early pregnancy;
 - (d) Provide teenage mothers in Aruba with the appropriate assistance and ensure that they can finish their education.
- India, CRC, CRC/C/137 (2004) 75 at paras. 430-433, 436-439, 459 and 460.

430. The Committee notes the numerous national plans and programmes initiated during the 9th and 10th five-year plans to address health issues. Nevertheless, it remains seriously concerned at the unavailability and/or inaccessibility of free, high quality primary health care; the slow decline in infant mortality; the worsening maternal mortality rates, due in part to the high increase of unattended home deliveries; the low immunization rate; the high incidence of low-birth-weight babies; the high number of children with stunting, wasting, or who are underweight; the prevalence of micronutrient deficiencies; and the low rate of exclusive breastfeeding and appropriate introduction of infant diet. The Committee further expresses its concern at the environmental pollution prevalent in some states, specifically arsenic and lead pollution, and at the lack of access to safe drinking water and adequate sanitation by a large percentage of the population. Finally, the Committee expresses its concern at the practice of traditional and modern medicine by untrained and unqualified personnel.

431. The Committee recommends that the State party reinforce its efforts in developing effective policies and programmes to improve the health situation of children. It also recommends that the State party ensure access for all children to primary, free and quality health services; regulate and monitor traditional and modern medicinal practice; combat malnutrition; promote healthy nutrition habits, including breastfeeding; improve immunization rates; increase access to safe drinking water and adequate sanitation; and address the issue of environmental pollution effectively. Additionally, the Committee encourages the State party to pursue additional avenues of cooperation and assistance for child health improvement with, *inter alia*, WHO and UNICEF.

432. The Committee welcomes the adoption of the National AIDS Prevention and Control Policy, 2001, aiming at achieving no new infections by 2007. It also welcomes the decision

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to provide antiretroviral drugs to children and adults free of charge, but remains concerned at the rising number of children infected and/or affected by HIV/AIDS. It further expresses its concern at the discrimination experienced by these children in society and in the educational system.

433. The Committee recommends that the State party:

(a) Increase its efforts to prevent HIV/AIDS, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of children;

(b) Strengthen its measures to prevent mother-to-child transmission, *inter alia* by combining and coordinating them with the activities to reduce maternal mortality, and take adequate measures to address the impact upon children of the HIV/AIDS-related deaths of parents, teachers and others, in terms of children's reduced access to family life, adoption, emotional care and education;

(c) Strengthen its efforts to raise awareness about HIV/AIDS among adolescents, particularly those belonging to vulnerable groups, and among the population at large, notably in order to reduce discrimination against children infected and/or affected by HIV/AIDS;

(d) Seek further technical assistance from, among others, the Joint United Nations Programme on HIV/AIDS.

...

436. The Committee is deeply concerned at the existence of harmful traditional practices such as incidents relating to dowries and to devadasis.

437. The Committee recommends that the State party:

...

(b) Take legislative and awareness-raising measures to prohibit and eradicate all kinds of traditional practices harmful to the health, survival and development of children, boys as well as girls; and

(c) Reinforce its sensitization programmes, with the involvement of community leaders, practitioners and the general public, to change traditional attitudes and discourage harmful practices, in particular in rural areas.

438. The Committee is concerned at the very high percentage of early and forced marriages of girls, which can have a negative impact on their health, education and social development.

439. The Committee recommends that the State party:

...

(c) Strengthen sexual and reproductive health education, mental health and adolescent-

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sensitive counselling services and make them accessible to adolescents.

...

459. The Committee is concerned at the situation of children belonging to minorities, including to the Primitive Tribal Groups, and at their limited access to social services, including health care, immunization and education, and the violation of their rights to survival and development, to enjoy their own culture and to be protected from discrimination.

460. In addition to its recommendation in paragraph 406, and in line with the recommendations made at its day of general discussion on the rights of indigenous children (CRC/C/133, para. 624), the Committee recommends that the State party implement and/or give the necessary follow-up to the recommendation made by the Standing Committee on Labour and Welfare on the Development of Primitive Tribal Groups (2002).

- Papua New Guinea, CRC, CRC/C/137 (2004) 94 at paras. 510-513, 524 and 525.

510. While noting the encouraging downward trend in infant mortality rates and the improvement in vaccination coverage, the Committee is concerned at the high maternal mortality rate due in part to the high number of unattended deliveries, the inaccessible and unsatisfactory health-care facilities, the prevalence of malaria, the high incidence of malnutrition and micronutrient deficiencies among mothers and children, and the limited availability of safe drinking water and adequate sanitation.

511. The Committee recommends that the State party:

- (a) Strengthen its efforts to provide all communities with accessible and high-quality health-care facilities;
- (b) Improve training efforts of local midwives, thereby promoting safe deliveries;
- (c) Address the issue of malnutrition and micronutrient deficiencies through education and promotion of healthy feeding practices, including breastfeeding;
- (d) Strengthen its efforts to prevent and treat malaria;
- (e) Ensure safe drinking water and adequate sanitation to all.

512. The Committee is concerned that insufficient attention has been given to adolescent health issues, including access to information and services related to adolescent health in general and reproductive health in particular. It is also concerned that adolescents remain extremely vulnerable to contracting sexually transmitted diseases, that girls are not protected

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from the risk of pregnancy and at the practice of clandestine abortions involving adolescent girls.

513. The Committee recommends that the State party undertake all necessary measures to formulate and implement adequate health policies and programmes by making available reproductive health services, including education and the promotion of safe sexual practices.

...

524. While welcoming the establishment of the National Narcotics Bureau to address the problem of substance abuse, the Committee remains concerned at the high incidence of children abusing drugs such as marijuana and home brew. It is also concerned at the lack of adequate legislation and treatment programmes in this regard.

525. The Committee recommends that the State party take action to combat drug abuse by children, including through public education campaigns, and ensure that child drug and substance abusers have access to effective structures and procedures for treatment, counselling, recovery and reintegration.

- Slovenia, CRC, CRC/C/137 (2004) 104 at paras. 557, 558, 575-578, 585 and 586.

557. The Committee notes the rulings of the Constitutional Court (U-I-284/94 of 4 February 1999 and U-I-246/02 of 3 April 2003) that the erasure of about 18,300 people originating from other parts of the former Socialist Federal Republic of Yugoslavia from the Register of Permanent Residence in 1992 had no legal basis and that the permanent residence status should be restored to the affected persons retroactively. The Committee is concerned that many children were negatively affected by this erasure, as they and their families lost their right to health care, social assistance and family benefits as a consequence of losing their permanent residence status and children born in Slovenia after 1992 became stateless.

558. The Committee recommends that the State party proceed with the full and prompt implementation of the decisions of the Constitutional Court, compensate the children affected by the negative consequences of the erasure and ensure that they enjoy all rights under the Convention in the same way as other children in the State party.

...

575. While acknowledging the measures taken by the State party to ensure that basic health care is provided for the most vulnerable groups in society and the overall good health indicators in Slovenia, the Committee is concerned at the relatively poor health situation of some children, particularly those belonging to the Roma community, and the relatively high maternal mortality rate. Furthermore, the Committee is concerned about the increasing incidence of alcohol abuse and tobacco smoking among adolescents.

576. The Committee recommends that the State party give priority attention to identifying

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and addressing the causes of the poor health situation of some children, particularly Roma children, and the high maternal mortality rate. It also recommends that the State party take further preventive measures and treat adolescents who abuse tobacco and/or alcohol.

577. The Committee notes with concern the increase in the number of suicides among young people aged between 7 and 19 in the reporting period.

578. The Committee recommends that the State party strengthen its efforts and programmes to prevent suicide among young people. The Committee also recommends that the State party ensure psychosocial counselling for children with mental health problems and for those subjected to various forms of abuse to improve the early detection and prevention of suicide.

...

585. The Committee notes with satisfaction that children with temporary refugee status are able to enrol in primary and secondary education under the same conditions as Slovene children. It notes with concern, however, that the extent of health-care services available to these children has still to be regulated.

586. The Committee encourages the State party to take further measures to ensure that asylum-seeking and refugee children are granted equal access to services, including health care.

- Japan, CRC, CRC/C/137 (2004) 116 at paras. 647-652.

647. The Committee is concerned about the prevalence of mental and emotional disorders among adolescents, including stress and depression, and the lack of a comprehensive strategy on adolescent mental health. The Committee is also concerned that sexually transmitted diseases among youth are on the rise and shares the State party's concern about drug abuse by adolescents in the State party. The Committee is also concerned that children under the age of 18 require parental consent for medical treatment and counselling.

648. The Committee recommends that the State party:

(a) Undertake a study of adolescent health with a view to developing a comprehensive adolescent health policy, which includes preventive measures, where appropriate, that addresses mental health, reproductive and sexual health, drug abuse and other related issues;

(b) Amend legislation so as to allow children under 18 to access medical counselling and information without parental consent;

(c) Develop and implement programmes for the prevention of mental and emotional disorders among adolescents and train teachers, social workers and others working with

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children on how to address adolescent mental health issues in a child-sensitive manner.

649. The Committee is highly concerned about:

- (a) The increasingly high rate of youth suicide;
- (b) The lack of qualitative and quantitative data on suicide and attempted suicide and its causes;
- (c) The fact that the police have been designated as one of the primary organizations to deal with the issue of youth suicide.

650. The Committee recommends that the State party undertake an in-depth study of youth suicide and its causes and use this information to develop and implement a national plan of action on youth suicide, in cooperation with Child Guidance Centres, social workers, teachers, health workers and other relevant professionals.

651. The Committee notes the State party's efforts to reform the education system and bring it into greater conformity with the Convention; however, it is concerned that:

- (a) The excessively competitive nature of the education system has a negative effect on the children's physical and mental health and hampers the development of the child to his or her fullest potential;

...

652. The Committee recommends that the State party:

- (a) Taking into account the views of students, parents and relevant non-governmental organizations, review the curriculum with a view to reducing the competitiveness of the school system while maintaining a high level of quality of education so as to ensure that all students graduating from high school have equal access to higher education;

...

- El Salvador, CRC, CRC/C/140 (2004) 8 at paras. 69-72.

69. The Committee expresses its concern about the potential negative impact of international trade-related intellectual property agreements on access to affordable medicines.

70. The Committee recommends to the State party that it systematically consider the best interests of the child when negotiating trade-related intellectual property rights and implementing them into national law. In particular, the State party should conduct an

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assessment of the impact of international intellectual property rights agreements on the accessibility of affordable generic medicines, with a view to ensuring children's enjoyment of the highest attainable standard of health.

71. The Committee welcomes the improvement of primary health care, which has led to a decrease in infant mortality from 35 per thousand live births in 1998 to 25 in 2003. It is, however, concerned that infant mortality rates and other health indicators are significantly worse in some departments of the State party. It also notes with concern that the incidence of anaemia has increased, affecting 19.8 per cent of children below the age of 5 and about 10 per cent of mothers, in particular in rural areas. Furthermore, the Committee is concerned at the low prevalence of breastfeeding.

72. The Committee recommends that the State party continue to strengthen its efforts in improving the health situation of children in the State party and eliminating all restrictions on the access to quality health services in all areas of the country, in particular rural areas, so as to level out health disparities. Furthermore, the State party is requested to improve the nutritional status of children and to encourage exclusive breastfeeding for six months after birth with the addition of appropriate infant diet thereafter.

- Panama, CRC, CRC/C/140 (2004) 23 at paras. 136, 137, 156 and 157.

136. The Committee welcomes the considerable reduction in levels of child mortality and the eradication of several communicable diseases, but is concerned that this progress has not been accompanied by a similar reduction in the rate of maternal mortality and that there is a significant discrepancy in the mortality indicators between urban and rural areas. The Committee is concerned that breastfeeding is not widely used.

137. The Committee strongly recommends that the State party continue to strengthen its efforts in health reform, in particular with regard to primary health care, ensuring accessibility of quality health care in all areas in the country, including far-reaching programmes, training of local villagers in safe midwifery and providing adequate prenatal care. The Committee further recommends that the State party encourage exclusive breastfeeding for six months after birth, with the addition of an appropriate infant diet thereafter.

...

156. The Committee, acknowledging the adoption of the new legislation creating three indigenous *comarcas*, remains concerned that lack of economic resources is an obstacle to developing specific programmes on education, health and social services for indigenous children...

157. The Committee recommends that the State party take all necessary measures to ensure

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that indigenous children enjoy all their rights without discrimination, including equal access to culturally appropriate services including health, education, social services, housing, potable water and sanitation...

- Rwanda, CRC, CRC/C/140 (2004) 36 at paras. 207, 208, 219, 220, 234 and 235.

207. While taking note of the adoption of, *inter alia*, the National Health Policy 2002 and Vision 2020, the Committee is deeply concerned at the still high infant, under-five, and maternal mortality rates and the low life expectancy in the State party. The Committee is also concerned that health services continue to lack adequate resources (both financial and human). In addition, the Committee is concerned that the survival and development of children in the State party continue to be threatened by early childhood diseases and that malnutrition is an acute problem. Concerns also exist at the lack of prenatal health care.

208. The Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources and develop and implement comprehensive policies and programmes to improve the health situation of children, particularly in rural areas;

(b) Facilitate greater access to primary health services; reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(c) Develop the highest attainable standard of health care;

(d) Establish midwifery training programmes to ensure safe home delivery;

(e) Pursue additional avenues for cooperation and assistance for child health improvement with, among others, WHO and UNICEF.

...

219. The Committee notes the recent agreements signed between the State party and UNHCR for the return of refugees, many of them children, and welcomes the large number of children who have been reunited with their families over the past years. The Committee remains concerned at the poor situation of children and their families who have returned to the State party, notably with regard to access to health services and education. The Committee is further concerned that these children are not provided with adequate physical and psychological recovery and social rehabilitation.

220. In the light of articles 22 and 39 of the Convention, the Committee recommends that the State party ensure that refugee children who returned to the State party are provided with

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proper documentation, facilitate family reunification and ensure the right to health and education for all these children. The Committee further recommends that the State party ensure that refugee children who returned to the State party are safe and provided with the necessary physical and psychological recovery and social rehabilitation.

...

234. The Committee is concerned at the situation of children belonging to minorities, including Batwa children, in particular their limited access to basic social services, including health care, immunization and education, and the violation of their rights to survival and development, to enjoy their own culture and to be protected from discrimination.

235. In line with its recommendations adopted at its day of general discussion on the rights of indigenous children (CRC/C/133, para. 624), the Committee recommends that the State party:

(a) Undertake a study to assess the situation and the needs of Batwa children and to elaborate a plan of action involving leaders of the Batwa community to protect the rights of those children and ensure their social services; and

(b) Seek adequate means and measures to ensure birth registration, health care, etc.

- Sao Tome and Principe, CRC, CRC/C/140 (2004) 54 at paras. 282-286.

282. The Committee welcomes the fact that the right to health care is enshrined in the Constitution. The Committee also welcomes the positive result of the expanded programme of immunization. The Committee takes note of the new strategy to combat malaria.

283. However, the Committee is concerned at the lack of access to safe drinking water and sanitation, which is the main cause of the prevalence of diarrhoeal diseases and worms, the high incidence of respiratory diseases and malaria, the high levels of maternal and child mortality, child malnutrition and the high number of children born with low birth weight.

284. The Committee recommends that the State party:

(a) Keep implementing measures to guarantee universal access to primary health care, especially maternal and child health-care services and facilities, including in rural areas;

(b) Take the necessary measures to build the capacity of health personnel;

(c) Prioritize the provision of drinking water and sanitation services;

(d) Strengthen existing efforts to immunize as many children and mothers as possible;

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- (e) Strengthen existing efforts to combat malaria, respiratory diseases and diarrhoeal infections, and to take all necessary measures to lower mortality rates;
- (f) Increase the proportion of resources allocated to the health sector, so as to fully implement the Convention, in particular article 4;
- (g) Take measures to improve the nutritional status of children through education and promotion of healthy feeding practices, including breastfeeding;
- (h) Continue to cooperate in this matter with, *inter alia*, WHO and UNICEF.

285. The Committee notes with interest the Reproductive Health Programme. However, the Committee is concerned that:

- (a) Only adolescents over 16 years are able, in practice, to seek medical counselling without parental consent;
- (b) Alcohol, tobacco and drug abuse is affecting an increasing number of young people and that the existing legislation does not provide effective protection for children;
- (c) The rate of teenage pregnancies is high;
- (d) Mental health services are lacking.

286. The Committee recommends that the State party:

- (a) Develop comprehensive policies and plans on adolescent health, taking into account General Comment No. 4 (2003) on adolescent health and development;
- (b) Promote collaboration between State agencies and NGOs in order to establish a system of formal and informal education on HIV/AIDS and STIs, on sex education and on family planning;
- (c) Take into account General Comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), in order to promote and protect the rights of children infected with and affected by HIV/AIDS;
- (d) Ensure access to reproductive health counselling and information and services for all adolescents;
- (e) Provide adolescents with accurate and objective information on the harmful

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consequences of alcohol, drug and tobacco use, and develop and implement a legislation adequately protecting them from harmful misinformation, including through comprehensive restrictions on alcohol and tobacco advertising;

(f) Establish adequate mental health services.

- Liberia, CRC, CRC/C/140 (2004) 67 at paras. 307, 308, 356, 357, 360, 361, 366 and 367.

307. The armed conflict in the State party caused, *inter alia*, very severe and large-scale violations of the human rights of the children. The State party faces almost overwhelming challenges to rebuild the infrastructures and basic social services necessary for the implementation of the rights of the child. About 20,000 children have been involved in the recent armed conflict and are in urgent need of rehabilitation and social reintegration... Life expectancy at birth is 53 years, and out of 1,000 children, 157 die before the age of one and 235 before the age of 5. The vast majority of doctors, nurses and physician assistants have left the country (before 2000, there were around 260 doctors, currently there are 30). Only 20 per cent of children are fully immunized and 35 per cent are undernourished. These and other severe challenges for the child's right to life, survival and development should be addressed and require major efforts from the State party for which international assistance is of crucial importance.

308. The Accra Peace Agreement (August 2003), the Disarmament, Demobilization, Rehabilitation and Reintegration programme (DDRR) and the Result-focused Transition Framework (RFTF), elaborated under the auspices of the United Nations and other international organizations, form a good basis and instrument for addressing at least the most urgent matters.

...

356. While noting the various efforts being made to address the spread of HIV/AIDS, the Committee remains deeply concerned at the recent increase in the prevalence of HIV/AIDS and the number of children affected by it.

357. The Committee recommends that the State party, taking into account General Comment No. 3 of the Committee on HIV/AIDS and the Rights of the Children, continue to strengthen its efforts in preventing and treating the effects of HIV/AIDS. It also recommends the State party to pay particular attention to children infected themselves or who have become orphans due to the death of HIV/AIDS parents, through providing adequate psychological and material support and by involving the community.

...

360. The Committee notes that the Comprehensive Peace Agreement of 18 August 2003 recognizes the special demobilization and reintegration needs of child combatants. However, the Committee expresses its extremely deep consternation at the very high number

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of children who have been forcibly recruited into armed forces and armed groups by all parties involved in the conflict, including children as young as nine years old. The Committee is also concerned that these children have been forced to carry goods and weapons, guard checkpoints and often fight in the front line, while girls have been raped and forced to become servants of the soldiers as well as combatants. The Committee is deeply concerned at the direct effects of the armed conflict on all child victims, including child combatants, and about the tragic loss of life and severe psychological trauma inflicted upon them...

361. The Committee urges the State party:

..

(c) To take all necessary measures, in cooperation with national and international NGOs and United Nations bodies such as UNICEF, to address the physical needs of children victims of the armed conflict, in particular the psychological needs of all children affected directly or indirectly by the traumatic experiences of the war. In this regard, the Committee recommends that the State party develop as quickly as possible a long-term and comprehensive programme of assistance, rehabilitation, reintegration and reconciliation;

...

366. The Committee is concerned at the recent increase in substance abuse by children, particularly among children associated with armed forces.

367. The Committee urges the State party to establish programmes to combat substance abuse by children, including the provision of psychosocial assistance for addicts. The Committee further recommends that the State party seek technical cooperation, from, among others, WHO and UNICEF.

- Myanmar, CRC, CRC/C/140 (2004) 81 at paras. 426-429, 432, 433, 439, 453 and 454.

426. The Committee notes the progress achieved by the National Health Plan 1996-2001, notably the good immunization coverage through routine vaccinations supplemented by the National Immunization Days (NIDs), and notes the adoption of the 2001-2006 National Health Plan, but is concerned at the high infant and under-5 mortality rates and the low life expectancy in Myanmar. The Committee is also concerned that health services in the remote areas continue to lack adequate human and financial resources and are often inaccessible, especially during the rainy season, resulting in a significant difference in the availability of services between rural and urban areas and consequently much higher mortality figures in rural areas. In addition, the Committee is concerned that the survival and development of children in Myanmar continue to be threatened by early childhood diseases, such as acute

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respiratory infections and diarrhoea and by chronic malnutrition.

427. In line with its previous recommendations ([CRC/C/15/Add.69], para. 38), the Committee recommends that the State party:

(a) Reinforce its efforts to allocate appropriate resources as well as develop and implement comprehensive policies and programmes, in particular the 2001-2006 National Health Plan, to improve the health situation of children, particularly in rural areas;

...

(c) Facilitate greater access to primary health-care services;

(d) Continue and strengthen its efforts to reduce the incidence of maternal, child and infant mortality;

(e) Prevent and combat malnutrition, especially among the vulnerable groups of children;

(f) Promote exclusive breastfeeding for the first six months, with the introduction of appropriate infant diet thereafter;

(g) Improve access to safe drinking water and sanitation; and

(h) Pursue additional measures of cooperation and assistance for child health improvement with, *inter alia*, WHO and UNICEF.

428. In spite of the progress achieved regarding access to drinking water and safe excreta disposal, as indicated in the Multiple Indicator Cluster Surveys held in 2000, the Committee is concerned that a large number of children, notably those living in rural areas, still do not enjoy adequate access to clean drinking water and sanitation systems.

429. The Committee recommends that the State party take all necessary measures to ensure access by all children, in particular those in remote and rural areas, to safe drinking water and adequate sanitation systems.

...

432. The Committee is concerned that the measures taken by the State party to raise awareness among the Padaung and the Kareni tribes on the potential health hazard of their traditional practice of neck elongation have been insufficient. The practice can result in sudden death or serious damage to the spinal cord if the neck-elongation ring is removed.

433. The Committee recommends that the State party continue and strengthen its awareness-raising activities among the people of the Padaung and the Kareni tribes, in particular women and girl children, on the potential risks of their traditional practice for their physical well-being.

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...

439. In light of articles 7, 22 and other relevant provisions of the Convention, the Committee recommends that the State party:

...

(b) Strengthen its efforts to provide adequate assistance to internally displaced children, including their access to food, education and health, and to support the return home of internally displaced populations and their reintegration into their communities;

...

453. The Committee is deeply concerned about the situation of the children of the Bengali people residing in northern Rakhine State, also known as the Rohingyas, and of children belonging to other ethnic, indigenous or religious minorities and in particular that many of their rights are denied, including the rights to food, to health care, to education, to survival and development, to enjoy their own culture and to be protected from discrimination.

454. The Committee urges the State party to gather additional information on all ethnic minorities and other marginalized groups and to elaborate policies and programmes to fully ensure the implementation of their rights without discrimination, taking into account the Committee's recommendations on the rights of indigenous children made at its day of general discussion (CRC/C/133, para. 624).

- Dominica, CRC, CRC/C/140 (2004) 101 at paras. 506 and 507.

506. The Committee acknowledges the various measures undertaken with regard to the Carib Indian children. However, the Committee is concerned about the limited enjoyment of their rights; particularly with regard to their access to education and health owing to widespread poverty.

507. The Committee recommends that the State party continue and strengthen its efforts to improve the enjoyment of the rights of Carib Indian children, in particular by effective measures to reduce poverty in the Carib Indian Territory.

- Democratic People's Republic of Korea, CRC, CRC/C/140 (2004) 111 at paras. 561 and 562.

561. While noting that health services are free and cover all areas of the country, the Committee is concerned about increasing infant and child mortality rates, high rates of malnutrition and stunting in children, alarming increases in maternal mortality rates and due to the high rate of voluntary termination of pregnancy. It is also very concerned that, despite the competence of doctors and other medical or paramedical staff, hospitals and clinics acutely suffer from shortages of basic medicine and medical instruments. The Committee

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is also seriously concerned that access to clean drinking water is rare in the country, sanitation conditions are poor, and that human excrements are sometimes used as fertilizers.

562. The Committee recommends that the State party:

(a) Take all necessary measures to improve the quality of its health system and its health expenditures, reducing infant, child and maternal mortality rates, preventing communicable diseases by stepping up immunization programmes, preventing and treating diarrhoeal diseases and acute respiratory tract infections and malaria, among others;

(b) Improve accessibility to information on family planning and availability of contraceptives;

(c) Effectively address the serious issue of malnutrition by providing adequate nutritional food and supplements, as well as education on healthy early habits; and

(d) Seek, where necessary, international cooperation.

- France, CRC, CRC/C/140 (2004) 124 at paras. 621-624.

621. The Committee welcomes the information contained in the State party's report related to the protection of mothers, infants and school-age children. However, the Committee notes that this aspect of health care and services is the responsibility of departments, and, in this respect, is concerned at possible inequalities among the various regions. The Committee is concerned, in particular, at the:

(a) Lack of psychiatric services;

(b) "Conditioned" access to health care by undocumented migrants;

(c) Lack of a national body to promote and encourage exclusive breastfeeding.

622. The Committee recommends that the State party:

(a) Strengthen its efforts to ensure the provision of adequate and sustainable allocation of resources (human and financial), including for training of sufficient numbers of health-care professionals, provision of adequate salaries for health-care workers, and investments in health-care infrastructure, especially in the most disadvantaged areas;

(b) Establish a national mechanism for the promotion of breastfeeding, including evaluation and coordination.

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623. The Committee welcomes the Conference on the family focusing on adolescents scheduled to take place in June 2004 and the legislative measures and other actions of the State party, such as that to reduce the use of tobacco, in particular among children under 16 years of age. It notes the concern of the State party with respect to the high rate of suicides, representing the second cause of death for this age group, the relatively high number of teenage pregnancies, insufficient mental health services and to the fact that health services provided may not be tailored to the need of adolescents, thus reducing their willingness to access primary health services.

624. The Committee recommends that the State party increase its efforts to promote adolescent health policies and strengthen the programme of health education in schools. It further recommends measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child. The Committee further recommends the development of a mental health programme and services for adolescents which include specialized psychiatric services.

- Brazil, CRC, CRC/C/143 (2004) 10 at paras. 77 and 78.

77. The Committee welcomes the State party's efforts to improve Brazil's health level, in particular the establishment of the Minimum Healthcare Allocation (PAB) in 1998. The Committee further notes the reduction of the incidence of child mortality as well as the positive changes observed in the child profile and in the HIV/AIDS incidence. Nevertheless, it is concerned at the low percentage of the population who are covered by at least one health plan and at the inequality in access to health services. The Committee is also concerned about health conditions, particularly of children who reside in rural areas, resulting in marked disparities in the quality of health services provided and of the lower socio-economic segments of the population in the North and North-east regions.

78. The Committee urges that the State party continue to develop the health system, ensuring the provision of the highest standard of health for all children, paying special attention to children in rural and geographically remote areas as well as those belonging to low-income families.

- Botswana, CRC, CRC/C/143 (2004) 25 at paras. 149-154.

149. The Committee notes with appreciation the developments in the primary health care strategy, notably the decentralization and mobile units as well as the dialogue conducted

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with traditional leaders to ensure that health care strategies are complementary. Nevertheless, it remains concerned at the regional disparities in the health service provisions as well as the still high maternal mortality rates.

150. The Committee recommends that the State party continue to strengthen its primary health care strategy by ensuring adequate staffing and providing the highest attainable standard of health for all children. The Committee recommends that the State party reduce regional disparities and lower maternal mortality rates by improving prenatal care services and providing training of birth attendants in healthy midwifery practices.

151. While welcoming the establishment of the National AIDS Council, chaired by the president, the National AIDS Coordinating Council, the National Policy on HIV/AIDS, the Prevention of Mother to Child Transmission Programme and the programme for AIDS orphans, the Committee shares the serious concern of the State party at the still exceedingly high prevalence rate of HIV/AIDS, especially among women in their child-bearing years compounded, in part, by inappropriate traditional practices, stigmatization and lack of knowledge on prevention methods.

152. In the light of general comment No. 3 on HIV/AIDS and the rights of children (CRC/GC/2003/3), the Committee urges the State party to strengthen its efforts in combating the spread and effects of HIV/AIDS by, *inter alia*, training professionals, conducting education campaigns on prevention, improving the prevention of mother to child transmission programme, by providing free and universal antiretroviral medication and improving protection and support for AIDS orphans.

153. The Committee is concerned at the high incidence of teenage pregnancies, the inadequate reproductive health services and at the lack of mental health services for adolescents.

154. In the light of general comment No. 4 on adolescent health and development in the context of the Convention on the Rights of the Child (CRC/GC/2003/4), the Committee recommends that the State party establish adequate health care services for adolescents, focusing on reproductive and mental health programmes.

- Croatia, CRC, CRC/C/143 (2004) 36 at paras. 194, 195, 218-221 and 227-229.

194. The Committee notes with concern the relatively high number of deaths and injuries among children due to traffic and domestic accidents despite the various measures taken by the State party to address this problem.

195. The Committee recommends that the State party continue and strengthen as much as

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possible its efforts to prevent traffic and domestic accidents, *inter alia* by systematic enforcement of existing regulations and by ongoing awareness-raising via educational campaigns.

...

218. The Committee notes the efforts made by the State party to improve its health-care system, e.g. the new Health Insurance Law (2002), but remains concerned about the lack of data about children's health status, in particular children of ethnic and minority groups, and that medical coverage is not ensured for every child. It is also concerned about the effective implementation of breastfeeding programmes and that the "happy baby package" contains material that is not consistent with the International Code of Marketing of Breastmilk Substitutes. The Committee is also concerned about the information that mothers are not allowed to stay with their hospitalized children free of charge unless the child is less than 6 months of age.

219. The Committee recommends that the State party undertake all necessary measures to ensure that all children enjoy equal access to and quality of health services, with special attention to children from ethnic and minority groups, especially Roma children. The Committee also recommends that the State party enhance its efforts to promote proper breastfeeding practices, including by complying with the International Code of Marketing, and ensure the effective implementation of breastfeeding programmes in accordance with international standards. It also recommends that children not be separated from their parents when they are hospitalized.

220. The Committee notes the efforts undertaken by the State party with regard to drug abuse by adolescents but remains concerned at the increasing number of cases, the increase in sharing syringes among drug users, the lack of an integrated strategy against drug abuse and the apparent inadequacy of treatment facilities to deal with drug additions. The Committee is also concerned at the increasing alcohol and tobacco consumption by adolescents and the lack of programmes for the prevention of suicide among adolescents. The Committee is also concerned that adolescents have a low perception of the risks of contracting HIV and other STDs.

221. The Committee recommends that the State party:

- (a) Enhance its efforts to address adolescent health issues and ensure that the programmes for adolescent health are effectively implemented, including through the provision of adequate resources;
- (b) Take into account general comment No. 4 (2003) on adolescent health and development;
- (c) Develop programmes to prevent and combat HIV/AIDS, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of children (2003);

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(d) Develop mental health programmes and services for, *inter alia*, the prevention of drugs and alcohol abuse, and tobacco use, and programmes for the prevention of suicide and to enhance the quality of the treatment facilities;

(e) Ensure that adolescents have access to child-sensitive and confidential counselling services;

(f) Seek technical cooperation and advice from UNICEF and WHO.

...

227. In line with the recommendation of the Committee on the Elimination of Racial Discrimination (CERD/C/60/CO/4, para. 13), and while noting the challenges confronted by the State party in meeting the needs of a large number of refugees, returnees and displaced persons, most of whom are children, the Committee remains concerned that return is still hindered by administrative impediments and hostile attitudes on the part of some national and local officials. The Committee expresses its concern about the difficult access to education and health care for refugee and internally displaced children.

228. The Committee recommends that the State party ensure the effective implementation of the new Asylum Law and that refugee and asylum-seeking children have access to basic services such as education and health, and that there is no discrimination in benefit entitlements for asylum-seeking families that could negatively affect children.

229. The Committee also recommends that the State party take effective measures to resolve the problem of property owners, most of whom are Serbs, returning to their homes before their occupiers (refugees and displaced persons) have been able to find alternative shelter, and that further efforts be undertaken to facilitate the return of refugees and displaced persons. It also recommends that effective measures be undertaken to ensure that displaced children have equal access to education and health care.

- Kyrgyzstan, CRC, CRC/C/143 (2004) 50 at paras. 265, 266, 290 and 291.

265. While noting that the State party defines minors as those under 18 years of age, the Committee is aware that numerous legislative acts contain differing definitions for the cut-off age for a "minor". The Committee is concerned that:

(a) Assistance to families with children with disabilities or children with HIV/AIDS is being provided only to children under the age of 16; and

(b) Children in special institutions for psychological care are being transferred to adult psychiatric hospitals at the age of 16.

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266. The Committee recommends that the State party take the necessary legal measures to ensure that all persons under 18 year of age are guaranteed by law the special protection they are entitled to under the Convention.

...

290. The Committee notes with appreciation the efforts made by the State party to work with different specialized agencies of the United Nations as well as with international NGOs to reduce child mortality. It also welcomes the decision of the Government in December 2003 to introduce the WHO live birth definition nationwide. It is, however, concerned at the regional disparities in mortality rates, the inadequate antenatal care, which is not completely free, the inhumane treatment of children in psychiatric hospitals, and the increase in cases of communicable diseases, such as tuberculosis and HIV/AIDS. Exposure to environmental hazards such as mining wastes or unsafe drinking water also worries the Committee.

291. The Committee recommends that the State party undertake more efforts to ensure the highest attainable standard of health for all children, to improve antenatal care programmes, to prevent the spread of contagious diseases such as HIV/AIDS and tuberculosis, to improve psychiatric care so as to ensure that children with psychiatric problems are treated humanely and to explicitly prohibit placing children in adult psychiatric hospitals. International assistance from WHO and UNICEF should be requested, *inter alia* to address the issue of providing safe drinking water and increased access to sanitation.

- Equatorial Guinea, CRC, CRC/C/143 (2004) 64 at paras. 357, 358, 361 and 362.

357. The Committee notes with appreciation the efforts undertaken by the State party to extend the coverage of the health and basic sanitation services. However, the Committee is very concerned that despite decreases in the infant mortality rate, under-five mortality rate and maternal mortality rate, these rates remain very high. It is further concerned at the high incidence of malnutrition and that significant numbers of poor families lack access to services, including safe drinking water and sanitation facilities, which contributes to the spread of communicable diseases. The Committee is also concerned about the weak levels of community participation in the promotion of health, and about insufficient budgetary allocations for health services.

358. The Committee recommends that the State party:

(a) Continue expanding access to health services, in particular in rural areas, and increase the competence of health personnel;

(b) Strengthen the implementation and coordination of existing health policies and programmes, in particular the National Action Plan (1992-2000), the Expanded Programme

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of Immunization, and the Drinking Water and Environmental Health programmes;

(c) Facilitate greater access to primary health services; continue to reduce the incidence of maternal, child and infant mortality; prevent and combat malnutrition, especially amongst vulnerable and disadvantaged groups of children; and promote proper breastfeeding practices;

(d) Ensure the provision of adequate financial and human resources for the effective implementation of the health programmes.

...

361. The Committee welcomes the efforts undertaken by the State party to address the spread of HIV/AIDS, e.g. the National Programme to fight HIV/AIDS, which provides for free and universal antiretroviral medication, but remains very concerned at the increasing prevalence of HIV/AIDS amongst adults (mainly women) and youth and the increasing number of children orphaned by HIV/AIDS. The Committee is concerned at the lack of alternative care for these children.

362. The Committee recommends that the State party:

(a) Increase its efforts to prevent the spread of HIV/AIDS, taking into account the Committee's general comment No. 3 on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights;

(b) Strengthen its measures to prevent mother-to-child transmission, *inter alia* through coordination with the activities aimed at reducing maternal mortality;

(c) Pay particular attention to children who are infected themselves or who have become orphans because of HIV/AIDS, by providing adequate psychological and material support involving the community;

(d) Strengthen or establish campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups, as well as among the population at large, so as to reduce discrimination against children infected and affected by HIV/AIDS;

(d) Ensure the provision of adequate financial and human resources for the effective implementation of the National Programme on HIV/AIDS;

(e) Seek further technical assistance from, *inter alia*, UNAIDS.

- Angola, CRC, CRC/C/143 (2004) 78 at paras. 403, 404, 419-422, 439 and 440.

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403. While welcoming the efforts undertaken by the State party in cooperation with civil society groups to ensure that children are registered and provided with birth certificates, including the National Campaign for Free Registration of Children, the Committee remains concerned about the unacceptably high number of unregistered children in the State party and the consequences of non-registration on children's access to education and other services.

404. In light of article 7 of the Convention, the Committee strongly recommends that the State party undertake all necessary measures (e.g. by using mobile birth registration units) to ensure that all children are registered at birth, including by providing such registration free of charge, in line with the commitments made by the Government at the National Forum on Early Childhood Care and Development in June 2004. Meanwhile, children whose births have not been registered should be allowed to access basic services, such as health and education, while waiting to be properly registered.

...

419. The Committee expresses its deep concern at the alarming levels of mortality among children, with 25 per cent of children dying before they reach the age of 5. It notes that the main causes of child mortality are related to malaria, diarrhoeal diseases, acute respiratory diseases and vaccine-preventable diseases. The Committee is also concerned about the fact that a majority of children do not have access to adequate health services, the high level of malnutrition among children, the lack of access to safe drinking water and proper sanitation, and inadequate breastfeeding practices among women.

420. The Committee urges the State party to strengthen its efforts to improve the health situation of children in the State party, including through:

- (a) A continuation and strengthening of its efforts to ensure that all children have access to basic health-care services;
- (b) Strengthening vaccination programmes;
- (c) Improving the nutritional status of children;
- (d) Active promotion of exclusive breastfeeding for six months after birth, with the addition of appropriate infant diet thereafter.

421. The Committee is concerned at the lack of adolescent health services and the large number of teenage pregnancies.

422. The Committee recommends that the State party pay close attention to adolescent health, taking into account the Committee's general comment No. 4 on adolescent health and

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development. In particular, the State party should strengthen sexual and reproductive health education for adolescents, including family planning measures, especially in schools and out-of-school programmes, with a view to reducing the incidence of teenage pregnancy, and provide pregnant teenage girls with the necessary assistance and access to health care and education. It is also recommended that a comprehensive study be undertaken to assess the scope and nature of adolescent health problems, including the prevalence and negative impact of STIs and HIV/AIDS.

...

439. The Committee notes with deep concern the large number of landmines which remain spread out across the country, causing many deaths and injuries every year and posing a threat to the life, survival and development of children in the State party.

440. The Committee recommends that the State party take all necessary measures to protect children against landmines, including by continuing and strengthening its mine clearance programmes and programmes for mine awareness and physical rehabilitation of child victims.

- Antigua and Barbuda, CRC, CRC/C/143 (2004) 93 at paras. 503-506, 514 and 515.

503. The Committee welcomes the initiative taken by the State party to make baby products, including medicine, tax free. It further notes the high level of immunization coverage and that health services are free and cover all areas of the country. It also notes the establishment of the AIDS secretariat and welcomes the information that antiretroviral drugs will be provided free of charge to patients with HIV/AIDS. However, the Committee notes that, as recognized by the State party, the social services are under a tremendous resource strain, in particular the health service. The Committee also shares the concern of the State party at the rising incidence of obesity.

504. The Committee recommends that the State party:

(a) Continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately stocked with appropriate resources, including basic medicines for all children;

(b) Strengthen the data collection system, *inter alia* with regard to important health indicators, ensuring the timeliness and reliability of both quantitative and qualitative data and using them for the formulation of coordinated policies and programmes for the effective implementation of the Convention; and

(c) Engage in efforts to educate children and their parents about healthy diets and lifestyles.

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505. The Committee is concerned that insufficient attention has been given by the State party to adolescent health issues, including developmental, mental and reproductive health concerns. The Committee further notes with concern that the adolescent outreach project focusing on fertility and sexuality funded by the United Nations Population Fund (UNFPA) has not been sustained. The Committee is also concerned that reproductive health education is not part of the official curriculum of primary and secondary education.

506. The Committee recommends that the State party:

(a) Undertake a comprehensive study to assess the nature and extent of adolescent health problems and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes with a particular focus on the prevention of sexually transmitted diseases (STDs), especially through reproductive health education and child-sensitive counselling services, and taking into account the Committee's general comment No. 4 (2003) on adolescent health and development in this regard;

(b) Strengthen developmental and mental health counselling services as well as reproductive health counselling and make them known and accessible to adolescents;

(c) Take measures to incorporate reproductive health education in the school curriculum, particularly at the secondary level, in order to fully inform adolescents about their reproductive health rights and the prevention of STDs, including HIV/AIDS, and early pregnancies;

(d) Consider means of providing particular support to pregnant teenagers, including through community structures and social security benefits; and

(e) Continue to work with international agencies with expertise in health issues relating to adolescents, *inter alia* UNFPA, UNICEF and WHO.

...

514. While noting the programmes and initiatives taken by the State party to eradicate trafficking and the illicit use of drugs, the Committee remains concerned at the growing incidence of substance abuse by children, including the use of crack, cocaine and marijuana. It is also concerned at the lack of specific legislation prohibiting the sale, use and trafficking of controlled substances by children, and also of treatment programmes in this regard. The Committee also notes with concern that alcohol consumption by children is common, especially during festivities.

515. The Committee recommends that the State party take action to combat drug and alcohol abuse by children, including through public education awareness campaigns, and ensure that children who abuse alcohol and/or use drugs and other harmful substances have access to effective structures and procedures for treatment, counselling, recovery and

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reintegration.

- Sweden, CRC, CRC/C/146 (2005) 8 at paras. 55-58.

55. The Committee welcomes the information contained in the State party's report on the protection of mothers, infants and school-age children. It is encouraged by the National Action Plan for Healthcare Development (1999/2000:149). However, the Committee notes that this aspect of health care and services is the responsibility of county councils, and, in this respect, is concerned at possible inequalities between the various regions. The Committee is concerned, in particular, about the increasing number of school pupils who feel the effects of stress; the increasing incidence of suicide, bulimia, anorexia, overweight and obesity cases, and the lack of programmes on mental health of children.

56. The Committee recommends that the State party take the necessary measures:

- (a) To reduce the stress level of school pupils and help them deal with its effects;
- (b) To prevent suicide;
- (c) To address the issue of bulimia and anorexia;
- (d) To address the issue of overweight and obesity;
- (e) To strengthen mental health programmes for children, both preventive and interventional.

57. The Committee welcomes the efforts taken with regard to sex education in schools, drug and tobacco use and alcohol abuse. However, the Committee remains concerned about the sharp increase in 2002 in abortions among teenagers, and about the prevalence of tobacco and drug use, and of alcohol abuse.

58. The Committee recommends that the State party increase its efforts to promote adolescent health policies and strengthen the programme of health education in schools. It further recommends measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible without parental consent when this is in the best interests of the child. It also recommends that the State party continue its efforts to prevent and combat the use of tobacco and drugs, and the abuse of alcohol.

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- Albania, CRC, CRC/C/146 (2005) 19 at paras. 109, 110, 129-132, 149 and 150.

109. The Committee notes the significant efforts made by the State party to ensure that every child is registered within 30 days after birth. Nevertheless, it appears that those failing to meet the deadline encounter additional difficulties.

110. The Committee recommends that the State party take appropriate measures to promote the registration of all children, including through facilitating late registration when necessary and paying particular attention to the most vulnerable and marginalized groups... Meanwhile, immediate access to basic services, such as health and education, should be ensured to children who were not registered at birth, while their registration is being properly prepared.

...

129. The Committee welcomes the information provided by the State party on legislative and other measures aimed at contributing to the protection of mothers, infants and school-age children, such as the joint programme of the Ministry of Health and UNICEF, or the establishment of an Inter-Ministerial Commission for HIV/AIDS in 2000. However, the Committee is concerned at the information on the poor quality of health services in general, particularly in some regions, and more specifically at the high number of children suffering from malnutrition, iodine deficiency and other preventable illnesses. The Committee further notes that despite the marked improvement in infant mortality rates, these remain very high, and that marked disparities in health services between different regions of the country exist.

130. The Committee recommends that the State party:

(a) Strengthen its efforts to ensure allocation of resources (e.g. human and financial), including training of sufficient numbers of health-care professionals, and investments in health-care infrastructure, especially in the most disadvantaged areas of the country, to ensure accessible and quality health services;

(b) Address the issues of malnutrition and iodine deficiency through, *inter alia*, education and promotion of healthy feeding practices.

131. The Committee welcomes the legislative and other measures taken by the State party to reduce the use of tobacco, in particular among children under 16 years of age. However, the Committee is concerned at the reported rise in suicide rates among children for which sufficient data is not available and considers that, in general, the health services provided, including mental health services, may not be tailored to the needs of adolescents, thus reducing their willingness to access primary health services. It further notes the concern of the State party that abortion may still be used as a family planning method and that the abortion rates are alarmingly high.

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132. The Committee recommends that the State party:

(a) Increase its efforts to promote adolescent health policies, introduce legislation and strengthen programmes of health education in schools;

(b) Take measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education and to develop youth-sensitive and confidential counselling, care and rehabilitation facilities that are accessible also without parental consent when this is in the best interests of the child;

(c) Study the occurrence and causes of suicide to enable the appropriate authorities to improve their understanding of this phenomenon and take appropriate measures to reduce the suicide rates, including by improving preventive and interventional mental health services;

(d) Provide access to information on reproductive health and family planning with a view to improving the practice in these areas, including the reduction of recourse to abortion as a method of family planning;

(e) Pay due attention to the Committee's general comment No. 4 (2003) on Adolescent health and development in the context of the Convention on the Rights of the Child.

...

149. The Committee is concerned at the increase in drug abuse, in particular among young children, including through the free distribution of drugs by drug dealers with the aim of luring children into drug use, which may occur also in school environments.

150. The Committee encourages the State party to continue and expand its activities in the area of prevention of substance abuse and use of children in the trafficking of such substances, and to support recovery programmes dealing with child victims of drug abuse. The Committee recommends that the State party consider seeking technical assistance from UNICEF and OHCHR.

- Luxembourg, CRC, CRC/C/146 (2005) 36 at paras. 200, 201, 211 and 212.

200. The Committee notes with concern the high number of suicides among adolescents in the State party. While welcoming the information that a child psychiatric unit has been recently established within a country hospital, the Committee is concerned about the information that many children from Luxembourg are treated in institutions offering psychiatric assistance to minors across the border in Germany, France or Belgium, owing to the reported lack of an adequate care system, in particular child and juvenile psychiatry, in Luxembourg.

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201. The Committee recommends that the State party use the results of the comprehensive study recently undertaken to address the issue of suicide among the youth as a basis for the formulation of adolescent health policies and programmes. It further recommends that the State party continue to improve the quality and capacity of child and juvenile psychiatry in the country, paying special attention to mental health provisions, both preventive and interventional.

...

211. The Committee is concerned at the high level of use of illicit drugs and substances among adolescents and notes the difficulties confronted by the State party in dealing with this phenomenon.

212. The Committee recommends that the State party undertake a study to carefully analyse the causes and consequences of this phenomenon as well as its possible links with violent behaviour and the high suicide rate among adolescents in the State party. It further recommends that the State party use the outcome of this study to increase its efforts to prevent the use of illicit drugs and substances.

- Austria, CRC, CRC/C/146 (2005) 47 at paras. 263 and 264.

263. While noting the efforts made by the State party, the Committee remains concerned about the health problems faced by adolescents, in particular about drug and tobacco use and alcohol abuse and that the regulation of their consumption by children and adolescents falls within the competence of the Länder. Furthermore, the Committee is concerned at the suicide forums accessible on the Internet where young people can exchange experiences and suicidal thoughts.

264. The Committee recommends that the State party strengthen its efforts to prevent drug and tobacco use and alcohol abuse and to harmonize the different regulations in the various Länder on this matter. The Committee recommends that the State party undertake practical measures to prevent access to information through the Internet inciting suicide.

- Belize, CRC, CRC/C/146 (2005) 59 at paras. 315, 316, 324, 325, 342-345, 348 and 349.

315. ...With regard to the age-limit for sexual consent (16 years; females only), the Committee is concerned that persons under 18 years are not allowed to have any medical counselling, including counselling on reproductive health, without parental consent. The Committee welcomes the information from the Government's delegation that efforts are being made to improve the situation.

316. The Committee recommends that the State party continue and strengthen its efforts:

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...

(d) To regulate the possibility for children of a certain age to seek and receive legal and medical counselling without parental consent;

...

324. While noting the provisions of the Registration of Births and Deaths Act (chapter 157 of the Laws of Belize), which requires registering the birth of children, the Committee remains concerned about the shortcomings in the implementation of this Act and the concrete shortcomings in the birth registration system... The Committee is also concerned about the unregistered children in the State party and the consequences of non-registration on access by children to education, health and other services.

325. The Committee recommends that the State party implement an efficient and at all stages free-of-charge birth registration system, which covers its territory fully, including through introducing mobile birth registration units and awareness-raising campaigns to reach the most remote areas of its territory... Meanwhile, children whose births have not been registered and who are without official documentation should be allowed to access basic services, such as health and education, while waiting to be properly registered.

...

342. The Committee expresses grave concern about the situation of children with disabilities and regrets that *de facto* discrimination against them still exists. The Committee notes with concern the lack of specific legislation which would ensure full and equal participation in social life, including access to social and health services, education, training, information and communication, rehabilitation, recreation and care, for children with disabilities...

343. The Committee urges the State party, taking into account the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96 of 20 December 1993, annex) and the recommendations adopted by the Committee at its day of general discussion on "The rights of children with disabilities" (see CRC/C/69, paras. 310-339):

(a) To enact special legislation dealing exclusively with disability issues, including access to social and health services, rehabilitation, support services, physical environment, information and communication, education, recreation and sports, in order to achieve the objectives of full participation and equality for children with disabilities;

...

344. The Committee welcomes the revised and expanded Care and Growth Chart, which provides a detailed and personal health and development record for all children under 5 years of age. While noting with appreciation the State party's efforts to improve the primary health care, including the establishment of the National Health Insurance Scheme and the School Health and Physical Education Services (SHAPES) programme, the Committee is nevertheless concerned at the regional disparities in accessibility to health services, the high number of infant deaths and regional differences in this respect, and the situation of

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malnutrition among infants and children. The Committee is also concerned at the lack of access to safe drinking water and sanitation in the rural and most remote areas. Furthermore, the Committee reiterates its concern at the low prevalence of breastfeeding.

345. The Committee recommends that the State party:

- (a) Prioritize the allocations of financial and human resources to the health sector in order to ensure an equal access to quality health care by children in all areas of the country and to strengthen its efforts to implement the National Health Insurance Scheme;
- (b) Continue its efforts to improve prenatal care, including training programmes for midwives and traditional birth attendants, and take all necessary measures to reduce infant mortality rates, especially in rural areas;
- (c) Improve the nutritional status of infants and children, *inter alia*, through the SHAPES programme;
- (d) Ensure access to safe drinking water and sanitation in all areas of the country;
- (e) Strengthen its efforts to implement the National Breastfeeding Policy, adopted in 1998, and encourage exclusive breastfeeding for six months after birth with the addition of an appropriate infant diet thereafter;
- (f) Seek international assistance, including from UNICEF and WHO, to that effect.

...

348. The Committee welcomes the National Strategy on HIV/AIDS and free and universal access to voluntary testing, counselling and anti-retroviral drugs. Nevertheless, it remains deeply concerned at the very high incidence of HIV/AIDS in the State party and the adverse consequences suffered by children infected with or affected by HIV/AIDS. The Committee notes with concern the limited availability of preventive programmes and awareness-raising campaigns on HIV/AIDS. The Committee notes that the State party has conducted a rapid assessment of the situation of orphans and vulnerable children in 2004.

349. With reference to the need to implement the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37, annex I), the Committee recommends, in particular, that the State party:

- (a) Strengthen its efforts to combat HIV/AIDS, including through preventive programmes and awareness-raising campaigns, and to prevent discrimination against children infected with and affected by HIV/AIDS;

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- (b) Undertake a comprehensive study to assess the prevalence of HIV/AIDS, including the number of children infected with and affected by HIV/AIDS, and devise a comprehensive national plan of action for orphans and vulnerable children, including children infected with and affected by HIV/AIDS, using to the extent possible the results of this study and the rapid assessment of the situation of orphans and vulnerable children conducted in 2004;
 - (c) Ensure access to child-sensitive and confidential counselling without parental consent when such counselling is required by a child;
 - (d) Continue to strengthen its efforts to prevent mother-to-child transmission of HIV;
 - (e) Seek international assistance from, among others, UNAIDS and UNICEF, to that effect.
- Bahamas, CRC, CRC/C/146 (2005) 77 at paras. 417 and 418.
 - 417. The Committee welcomes the information provided in the report regarding the steady reduction in infant mortality rates, the improvement in health-care delivery and the legislation enacted in 2000 to regulate health professionals and health-care facilities. However, the Committee remains concerned at the marked difference in the quality of health care between the private and the public providers.
 - 418. The Committee recommends that the State party take all necessary measures to reduce the gap in quality of health care between public and private hospitals by strengthening the role of the Public Hospital Authority.
- Islamic Republic of Iran, CRC, CRC/C/146 (2005) 88 at paras. 490 and 491.
 - 490. While welcoming the establishment and success of the primary health-care system, the Committee is concerned that despite a specific programme designed to address the problem of nutrition the percentage of moderately and severely underweight, stunted and wasted children remains static.
 - 491. The Committee recommends that the State party make concerted efforts to combat malnutrition, *inter alia*, by completing and implementing the national Nutritional Strategy for Children.
- Togo, CRC, CRC/C/146 (2005) 104 at paras. 548, 550, 561-568, 579 and 580.
 - 548. The Committee, while noting the various efforts made by the State party in this regard,

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is concerned at the low rate of registration of birth, largely due to the lack of awareness on the part of the population of the registration procedure, to high fees and to long distances to the civil registry service centres.

...

550. The Committee...recommends that the State party strengthen its efforts and enact appropriate legislation, supported by awareness-raising campaigns concerning the importance of birth registration and by a reorganization of civil registry services in local communities, in order to achieve 100 per cent birth registration at the earliest time possible, and to ensure the registration of children who had not been registered at birth. Meanwhile, children who have no birth registration certificates should be allowed access to basic services, such as health and education, while preparing to be registered properly.

...

561. While noting the installation of access ramps in hospitals for disabled and the promulgation on 23 April 2004 of the Act 2004/005 on the social protection of persons with disabilities, the Committee is concerned that children do not have access to health-care services in the first place...

...

562. The Committee recommends that the State party:

...

(c) Review the situation of these children in terms of their access to suitable health care, education services and employment opportunities;

...

563. While acknowledging the improvements in the health-care sector, in particular the establishment of clinics in rural areas and the activities implemented to improve the nutrition of children, the Committee is particularly concerned at the increasing infant mortality rate, the high child and maternal mortality rates, the low birth weight, child malnutrition, the low breastfeeding rate, the low rate of immunization, the prevalence of infectious diseases, mosquito-born diseases, including malaria, and the lack of access to safe drinking water and sanitation. The Committee is further concerned about the disparity between the number of health centres in rural and urban areas.

564. The Committee recommends that the State party:

(a) Develop and implement a long-term comprehensive policy with a strong emphasis on early childhood development and community health in which measures will be taken:

- (i) To decrease reduce significantly infant and maternal mortality rates;
- (ii) To ensure universal access to maternal and child health-care services and facilities, including in rural areas;
- (iii) To strengthen its efforts to ensure that all children have access to basic health

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care, in both urban and rural areas;

(iv) To prioritize the provision of safe drinking water and sanitation services, especially in rural areas;

(v) To prevent malnutrition, malaria and other mosquito-borne diseases;

(vi) To immunize as many children and mothers as possible;

(vii) To promote exclusive breastfeeding until the age of 6 months;

(b) Seek in this regard technical assistance from, among others, UNICEF.

565. While noting the measures taken to prevent the transmission of HIV/AIDS from mothers to children and the creation of the National Committee on HIV/AIDS Prevention, the Committee is concerned about the prevalence of HIV/AIDS and that no education for youth on HIV/AIDS exists.

566. The Committee recommends that the State party:

(a) Increase its efforts to prevent HIV/AIDS, taking into account, *inter alia*, the Committee's general comment No. 3 (2003) and the International Guidelines on HIV/AIDS and Human Rights;

(b) Strengthen its measures to prevent mother-to-child transmission, *inter alia*, by combining and coordinating it with the activities to reduce maternal mortality, and take adequate measures to address the impact on children of the HIV/AIDS-related deaths of parents, teachers and others, in terms of children's reduced access to family life, adoption, emotional care and education;

(c) Strengthen its efforts to raise awareness of HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups and among the population at large, notably to reduce discrimination against children infected with or affected by HIV/AIDS;

(d) Seek further technical assistance from, among others, UNICEF, WHO and UNAIDS.

567. While noting the existence of a family planning information programme, the Committee remains concerned at the large number of early pregnancies. The Committee is further concerned that this issue remains a problem for adolescents and that there is no organized system of reproductive health counselling and services, nor education on sexually transmitted infections for youth.

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568. The Committee recommends that the State party develop a comprehensive policy on adolescent health that promotes collaboration between State agencies and NGOs in order to establish a system of formal and informal education on HIV/AIDS and sexually transmitted infections, and ensures access to reproductive health counselling and services for all adolescents, even when married.

...

579. The Committee welcomes the adoption on 18 March 1998 of Act No. 98/008 on drugs control and the setting up in 1996 of the National Anti-Drug Committee (CNAD) and in 2000 of the National Anti-Drugs Plan. However, the Committee remains concerned about the large number of children, in particular street children, using and selling drugs.

580. The Committee recommends that the State party:

(a) Provide children with accurate and objective information about substance use, including tobacco use, and protect them from harmful misinformation through comprehensive restrictions on tobacco advertising;

(b) Develop recovery services for children who are victims of substance abuse;

(c) Seek cooperation with and assistance from, among others, WHO and UNICEF.

- Bolivia, CRC, CRC/C/146 (2005) 121 at paras. 640-643, 654 and 655.

640. The Committee welcomes the improvement of primary health-care coverage, including the basic health insurance scheme (SUMI) that provides free medical care for children up to 5 years of age and their mothers. The Committee is concerned, however, that not all children, especially indigenous children, benefit from SUMI. It also remains deeply concerned that post-natal health care is still inadequate and that mortality rates and other health indicators are significantly worse in rural areas. The Committee is further concerned that, despite a significant decrease, infant mortality rates remain very high, and well above the regional average. Furthermore, the Committee is deeply concerned at the high levels of malnutrition among children in the State party and at the limited use of breastfeeding. While noting that the prevalence rate of HIV/AIDS is relatively low in the State party, the Committee expresses concern at its considerable increase in recent years.

641. The Committee recommends that the State party continue to strengthen its efforts in improving the health situation of children in the State party and their access to quality health services in all areas of the country, particularly rural areas. It also recommends that the State party take measures to ensure that all children benefit from SUMI. Furthermore, the State party should ensure that mothers are encouraged to rely exclusively on breastfeeding for six months after birth, with the addition of appropriate infant diet thereafter. The Committee

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also recommends that the State party complete and implement the draft law on HIV/AIDS.

642. The Committee is concerned about the large number of teenage pregnancies and sexually transmitted infections (STIs), as well as the lack of programmes on sexual and reproductive health. It is also concerned at the high incidence of alcohol and tobacco abuse in the State party.

643. The Committee recommends that the State party pay close attention to adolescent health, taking into account the Committee's general comment No. 4 (2003). In particular, the State party is encouraged to strengthen sexual and reproductive health education for adolescents, especially in schools, with a view to reducing the incidence of teenage pregnancies and STIs, and to provide teenage pregnant girls with the necessary assistance and access to health care and education. The Committee also recommends that the State party continue and strengthen measures to address the issue of alcohol and tobacco abuse among children.

...

654. The Committee notes with concern the increasing number of children who use drugs and harmful substances in the State party.

655. The Committee recommends that the State party:

(a) Formulate a rights-based plan of action for the protection of children and adolescents from the dangers of drugs and harmful substances, and involve children in its formulation and implementation;

(b) Provide children with accurate and objective information about the harmful consequences of substance abuse;

(c) Ensure that children using drugs and harmful substances are treated as victims and not as criminals;

(d) Develop recovery and reintegration services for child victims of substance abuse;

(e) Seek cooperation with and assistance from WHO and UNICEF.

- Nigeria, CRC, CRC/C/146 (2005) 135 at paras. 700, 701, 712, 713, 716-722, 727, 728, 731 and 732.

700. While acknowledging the work of the National Population Commission and the African Refugee Commission whose mandate includes birth registration, the Committee is concerned that the alarmingly low rate of birth registration, in particular in rural areas, is a

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reflection of the generally low awareness among parents of the importance of birth registration and its consequences on the full enjoyment of fundamental rights and freedoms by children, in particular, access to education and health, the right to know and be cared for by parents...

701. In the light of article 7 of the Convention, the Committee urges the State party to adopt a short-term as well as a long-term approach in its strengthened efforts to ensure the registration of all children at birth, including through the development of mobile registration units and increased outreach activities and awareness-raising campaigns for families, birth attendants and traditional leaders... Meanwhile, children who have no birth registration should be allowed to access basic services, such as health and education, while preparing to be registered properly.

...

712. The Committee takes note of efforts made by the State party to improve its health system, including the Baby Friendly Hospital Initiative and the Integrated Management for Childhood Illness, as well as the establishment of the National Programme on Immunization Agency. Nevertheless, the Committee remains gravely concerned at the alarmingly high rate of infant, child and maternal mortality, and the high incidence of major illnesses affecting children, including polio, malaria and diarrhoea as well as the low rate of immunization coverage in the country, particularly in the northern regions, and of malnutrition and the low rates of exclusive breastfeeding. The Committee is also concerned at the very low level of knowledge among mothers on basic health issues, such as about the use of oral rehydration solutions (ORS) for diarrhoea. The Committee, while acknowledging the adoption of the new National Water Supply and Sanitation Policy, also remains concerned at the access to safe drinking water and sanitation, particularly in rural areas.

713. The Committee recommends that the State party:

(a) Address, as a matter of urgency, the very high mortality rates among infants, children and mothers, by, *inter alia*, stepping up the immunization programmes and improving antenatal and post-natal care;

(b) Continue taking all appropriate measures to improve the health infrastructure, particularly in rural areas, including through international cooperation, in order to ensure access to basic health-care services which are adequately staffed and stocked with appropriate resources, including basic medicines for all children;

(c) Take measures to introduce awareness-raising programmes for women, on the importance of, *inter alia*, prenatal and post-natal health care, preventive measures and treatment for common illnesses; immunization and balanced diet for the healthy development of children;

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(d) Strengthen their data collection system, *inter alia*, with regard to important health indicators, ensuring timeliness and reliability of both quantitative and qualitative data and using it for the formulation of coordinated policies and programmes for the effective implementation of the Convention;

(e) Ensure universal access to drinking water and sanitation services.

...

716. The Committee welcomes the efforts made by the State party to prevent and control HIV/AIDS including the establishment of the National Action Committee on AIDS, as well as the recent introduction of testing, counselling and PMTCT (Preventing Mother-to-Child Transmission) in some areas. However, it remains concerned about the high incidence of the infection and its wide prevalence in Nigeria, as well as the lack of knowledge especially among women on modes of transmission and prevention of HIV/AIDS. The Committee is deeply concerned at the very serious impact of HIV/AIDS on the cultural, economic, political, social and civil rights and freedoms of children infected with or affected by HIV/AIDS, including the Convention's general principles and with particular reference to the rights to non-discrimination, health care, education, food and housing, as well as to information and freedom of expression. The Committee is also particularly concerned that according to UNAIDS estimates, there are over 1 million AIDS orphans, making Nigeria the country with the highest number of AIDS orphans worldwide.

717. The Committee recommends that the State party continue its efforts in preventing the spread of HIV/AIDS and providing treatment, and further integrate respect for the rights of the child into the development and implementation of its HIV/AIDS policies and strategies on behalf of children infected with and affected by HIV/AIDS, as well as their families, taking into consideration the recommendations the Committee adopted at its day of general discussion on children living in a world with HIV/AIDS (CRC/C/80, para. 243), and involve children and traditional leaders when implementing this strategy.

718. While acknowledging that the minimum age of marriage is set federally at 18 years, the Committee notes with concern that the legislation of most states and the customary law allows for early marriages, and girls can be forced into marriage as soon as they reach puberty. The Committee is particularly concerned at the reports of a large number of young women suffering cases of vesico-vaginal fistula, a condition caused by giving birth when the cervix is not well developed. The Committee is further concerned that such girls, once married, are not afforded protection and that the enjoyment of their rights as children is not ensured as enshrined in the Convention.

719. The Committee recommends that the State party amend existing legislation to prevent early marriages. It also recommends to the State party that it take measures to ensure that when underage girls are married, they continue fully enjoying their rights as set out in the Convention. The Committee also recommends that the State party develop sensitization

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programmes, involving community and religious leaders and society at large, including children themselves, to curb the practice of early marriages.

720. The Committee welcomes the introduction of a bill on violence against women in Parliament in May 2003, aimed to prohibit forms of violence such as harmful traditional practices and domestic violence, including marital rape. However, it reiterates its concern at the widespread and continuing existence of harmful traditional practices in the State party, most notably the practice of female genital mutilation, as well as scarification and ritual killing of children which pose very serious threats to children, in particular girl children.

721. The Committee is concerned at the lack of legal prohibition and sufficient interventions on the part of the State party to address harmful traditional practices. The Committee is also concerned at the lack of support services available to protect girls who refuse to undergo female genital mutilation and of services to rehabilitate girl victims of that practice.

722. The Committee recommends that the State party, as a matter of urgency, take all necessary measures to eradicate all traditional practices harmful to the physical and psychological well-being of children, by strengthening awareness-raising programmes. The Committee further recommends the State party to adopt federal legislation prohibiting such practices and encourage further legal changes at the State level, in particular, female genital mutilation, as well as measures to provide support for girls at risk and girls who refuse to undergo female genital mutilation, and provide recovery services for victims of this harmful traditional practice.

...

727. The Committee notes that communal clashes linked to political, religious and ethnic differences have led to a large population of internally displaced persons in the State party, and that Nigeria is a host to a large group of refugees from neighbouring countries such as Chad, Sierra Leone and Liberia. The Committee is concerned about the situation of refugee and internally displaced children living in refugee camps, and regrets the paucity of information with regard to these children in the State party report and the State party's position that the issue of asylum-seeking children do not arise in Nigeria. The Committee is particularly concerned about reports of sexual exploitation of refugee girls and women within and outside of the camps, including female teenagers who are forced into prostitution. The Committee is also concerned that the incidence of teenage pregnancy is high in the camp.

728. The Committee recommends that the State party:

(a) Seek to ensure, as a matter of priority, that all displaced and refugee children and their families have access to health and education services, and that all their rights contained in the Convention are protected, including the right to be registered at birth;

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(b) Take measures to ensure that appropriate reproductive health education and child-sensitive counselling services are provided to adolescents living in camps;

(c) Take immediate measures to ensure that all displaced and refugee women and children are protected from all forms of sexual abuse and exploitation and that perpetrators are duly prosecuted;

...

(f) Continue its collaboration with, among others, UNHCR.

...

731. While acknowledging the efforts made by the State party to combat drug abuse, trafficking and drug-related violence, the Committee remains concerned at the high incidence of substance abuse by children in Nigeria, including the use of cannabis, psychotropic substances, heroin, cocaine and volatile organic solvents, as well as abuse of local plants. The Committee is also concerned by the reports of the increasing involvement of young people in drug-related crimes. It is also concerned at the lack of specific legislation prohibiting the sale, the use and the trafficking of controlled substances applying children, and also of treatment programmes in this regard.

732. The Committee recommends that the State party undertake a comprehensive study to assess the nature and extent of drug abuse by children, and to take action to combat the phenomenon, including through general poverty reduction strategies and public education awareness campaigns. The Committee further encourages the State party to ensure that children who abuse drug and substance have access to effective structures and procedures for treatment, counselling, recovery and reintegration. The Committee further recommends that the State party seek cooperation with, and assistance from, WHO and UNICEF.

- Saint Lucia, CRC, CRC/C/150 (2005) 10 at paras. 80-83, 93 and 94.

80. While the Committee appreciates the information provided in the State report concerning health and health services in the State party, it remains concerned at:

(a) The increase in the number of children born with low birthweight;

(b) The state of prenatal and post-natal health care;

(c) The increasing levels of obesity in young children and the associated short and long-term diseases;

(d) The lack of educational programmes for basic child health.

81. The Committee recommends that the State party undertake health-care reform with a

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view to guaranteeing universal access and integrated health-care services according to article 24 of the Convention. It further recommends that the State party implement adolescent-friendly, adolescent-sensitive health clinics providing both information and services to young people.

82. The Committee expresses its concern at the increasing rate of HIV/AIDS and other sexually transmitted diseases among adolescents. It further notes with concern the high rate of teenage pregnancies and the fact that the State party does not pay sufficient attention to adolescent health issues, including developmental, mental and reproductive health concerns.

83. The Committee recommends that the State party:

(a) Undertake a comprehensive study to assess the nature and the extent of adolescent health problems and, with the full participation of adolescents, use this as a basis to formulate adolescent health policies and programmes with particular focus on the prevention of HIV/AIDS and other sexually transmitted diseases, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development;

(b) Strengthen developmental and mental health counselling services as well as reproductive counselling and make them known and accessible to adolescents;

(c) Ensure the inclusion of reproductive health education in the school curriculum and fully inform adolescents of reproductive health rights, including the prevention of teenage pregnancies and sexually transmitted diseases, including HIV/AIDS;

(d) Continue to provide support to pregnant teenagers, including through community structures and ensure the continuation of their education.

...

93. While the Committee is encouraged that the State party has taken measures to ensure the school environment remains drug-free for children, it remains concerned that measures for monitoring drug abuse among children as well as their involvement in drug trafficking outside of schools have not been fully developed in the report.

94. The Committee recommends that the State party strengthen its measures to combat drug abuse by children, including through public education awareness-raising campaigns and ensure that children who abuse drugs have proper access to effective structures and procedures for treatment, counselling, recovery and social reintegration.

- Philippines, CRC, CRC/C/150 (2005) 24 at paras. 139, 140, 156, 157, 161-166, 179, 181 and 184-187.

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139. With reference to the high number of overseas Philippine workers, the Committee is concerned about children born abroad to Philippine migrant workers. Due to the non-registration of these children, they are deprived of their right to name, nationality and identity as well as basic services.

140. The Committee recommends to the State party that it encourage and facilitate parents, irrespective of their residence status, to register their children born abroad. The Committee also recommends that the State party ensure that unregistered children without official documentation are allowed access to basic services, such as health and education, while waiting to be properly registered...

...

156. As regards children living in prison with their mothers, the Committee is concerned about access to adequate social and health services for these children and particularly, about their living conditions, which are often poor and fall short of international standards.

157. The Committee recommends that the State party ensure that living conditions and health services in prison are adequate for the child's early development in accordance with article 27 of the Convention and that the principle of the best interests of the child (article 3 of the Convention) is carefully and independently considered by competent child professionals prior to and during their stays with their detained mothers. The Committee recommends that alternative care for those children who are separated from their mothers in prison be regularly reviewed ensuring that the physical and mental needs of children are appropriately met...

...

161. The Committee is encouraged by the progress achieved by the State party in the field of health and health services, particularly with regard to immunization, such as polio eradication and the elimination of neonatal tetanus and it notes with appreciation the Health Sector Reform Agenda. Noting that 8 out of 10 births in rural areas are delivered without professional health facilities and that infant, under-five and maternal mortality rates are relatively high, the Committee expresses its deep concern about insufficient prenatal and post-natal health care, particularly in the rural areas of the country. The low prevalence of breastfeeding, malnutrition among children, including micronutrient malnutrition problems among schoolchildren and in general, children's limited access to quality health services in the remote areas of the country give cause for serious concern. The Committee finally expresses its concern at the risk that free trade agreements currently being negotiated with other countries may negatively affect access to affordable medicines.

162. The Committee recommends that the State party:

(a) Adopt necessary legislative, administrative and budgetary measures in order to fully implement the Health Sector Reform Agenda and ensure that the reform process is carried out by giving primary consideration to the best interests of the child and to the full

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enjoyment of their rights;

(b) Ensure that appropriate resources are allocated for the health sector and develop and implement comprehensive policies and programmes for improving the health situation of children, so as to fully implement the Convention, in particular articles 4, 6 and 24;

(c) Implement measures to guarantee access to quality prenatal and post-natal health services and facilities, including training programmes for midwives and traditional birth attendants, by paying particular attention to the rural areas of the country;

(d) Take all necessary measures to lower infant, under-five and maternal mortality rates;

(e) Strengthen existing efforts to immunize as many children and mothers as possible by effectively implementing immunization programmes;

(f) Encourage exclusive breastfeeding for six months after birth with modifications for an appropriate infant diet thereafter and take measures to improve the nutritional status of children through education and promotion of healthy feeding practices;

(g) Make use - in the negotiations of free trade agreements - of all the flexibilities reaffirmed by the Declaration on the Agreement on Trade-related Aspects of Intellectual Property Rights and Public Health adopted at the Fourth Ministerial Conference of the World Trade Organization in Doha and the mechanisms at its disposal to ensure access to affordable medicines in particular for the poor and most vulnerable children and their parents;

(h) Continue to cooperate and seek technical assistance in this matter with, *inter alia*, WHO, UNICEF and the United Nations Population Fund (UNFPA).

163. The Committee is concerned, despite the legislative and other measures taken by the State party, about environmental problems, such as air and water pollution and environmental degradation which have serious consequences for children's health and development. As regards access to safe drinking water and sanitation, the Committee is concerned about the regional disparities. Furthermore, poor knowledge of hygienic practices both among children and their parents give cause for concern.

164. The Committee recommends that the State party:

(a) Continue to strengthen its efforts to reduce pollution and environmental degradation by strengthening the implementation of domestic environmental laws, including Ecological Solid Waste Management Act (Republic Act No. 9003) and the Clean Air Act (Republic Act No. 8749);

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(b) Increase children's knowledge of environmental health issues by introducing environmental health education programmes in schools;

(c) Take effective measures to improve access to safe drinking water and sanitation facilities, particularly in the remote areas of the country, as well as raise awareness on hygiene among children and their parents.

165. The Committee notes with appreciation the State party's efforts to promote adolescent health, including through implementation of the Reproductive Health Programme and a joint project on adolescent health in collaboration with the Population Commission and UNFPA. The Committee is concerned about alcohol, tobacco and drug abuse among adolescents, early pregnancies and in this respect adolescents' limited access to reproductive health counselling and accurate and objective information about, for example contraception. The lack of legislation establishing a minimum age for purchasing and consuming alcohol gives cause for concern. The Committee also shares the State party's concern about the lack of measures to prevent suicide among adolescents.

166. The Committee recommends to the State party that it:

(a) Implement national policies and plans on adolescent health, such as the Reproductive Health Programme and develop new policies and plans to cover all fields of adolescent health by taking into account general comment No. 4 (2003) on adolescent health and development;

(b) Ensure access to reproductive health counselling and provide all adolescents with accurate and objective information and services in order to prevent teenage pregnancies and related abortions;

(c) Strengthen formal and informal education on sexuality, HIV/AIDS, sexually transmitted diseases and family planning;

(d) Establish by law the minimum age for purchasing and consuming alcohol;

(e) Provide adolescents with information on the harmful consequences of alcohol, drug and tobacco use;

(f) Establish adequate mental health services tailored for adolescents;

(g) Seek technical cooperation with, among others, WHO, the Joint United Nations Programme on HIV/AIDS and UNFPA.

...

179. The Committee is concerned that the State party is able to provide only the arrested

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child soldiers with physical and psychological recovery and social reintegration services, but the majority of children involved in and affected by armed conflict is never reached. Furthermore, the Committee is concerned about the continuing displacement of children and their limited access to social and health services, education and, above all, to development due to the adverse effects of internal armed conflict. In addition, the Committee is concerned at the impact of internal armed conflict on children not involved in hostilities, particularly Muslim children living in the Mindanao region.

...

181. The Committee...recommends that the State party pay particular attention to the implementation of guidelines for Philippine Armed Forces on the treatment of children in armed conflict and ensure that children who are arrested are released from military custody within the prescribed time limits and that children are provided with adequate medical treatment and informed about their rights. As regards displaced children and children living in conflict areas, the Committee urges the State party to take effective measures to secure their access to basic services, including adequate social and health services and education and development. Finally, the Committee recommends that the State party ensure that all children living in areas affected by armed hostilities enjoy their human rights on equal footing without any discrimination.

...

184. While noting the State party's efforts to combat drug trafficking and drug and substance abuse, *inter alia*, through implementing the Comprehensive Dangerous Drugs Act of 2002 (Republic Act No. 9165), and the increased number of treatment and social reintegration services for children, the Committee is deeply concerned at the massive narcotic trade in the Philippines and its adverse effects on children and adolescents. It shares the State party's concern about the high incidence of drug and substance abuse, including glue and solvent sniffing among street children. Furthermore, the Committee is concerned about the fact that children, who voluntarily seek treatment in drug recovery and reintegration centres, are often asked to pay for treatment causing insurmountable obstacles to children of limited means and denying their access to treatment and reintegration.

185. The Committee recommends that the State party continue to strengthen its efforts to:

(a) Combat drug and substance abuse among children and adolescents, for example by effectively implementing the Comprehensive Dangerous Drugs Act of 2002 and secure due process of the law;

(b) Provide children and adolescents with accurate and objective information about drug and substance use, including hard drugs, glue and solvent sniffing, through public school programmes and media campaigns and protect children from harmful misinformation and models;

(c) Develop free and easily accessible drug abuse treatment and social reintegration services

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for children who are victims of drug and substance abuse;

(d) Tailor specific drug abuse, including glue and solvent sniffing, recovery and social reintegration programmes and centres for street children and cooperate with non-governmental organizations in this respect;

(e) Allocate adequate budgetary funds to existing drug recovery and reintegration centres;

(f) Seek technical assistance from, among others, the United Nations Office on Drugs and Crime and WHO.

186. The Committee reiterates its grave concern at the high number of children living in the streets and their special vulnerability to various forms of violence and abuse, including sexual abuse and exploitation, economic exploitation and substance abuse. The Committee notes the lack of a systematic and comprehensive strategy to address the situation and protect children living in the streets... Notwithstanding the efforts taken by the State party and, in particular, many non-governmental organizations working with and for street children, for example ChildHope Asia Philippines, the Committee is concerned about street children's limited access to adequate nutrition, clothing, housing, social and health services and education. Furthermore, the Committee is concerned about health risks faced by street children, including environmental health risks, such as toxic and hazardous wastes and air pollution.

187. The Committee recommends that the State party:

(a) Develop a comprehensive strategy with active participation of street children, non-governmental organizations and relevant professionals to address the high number of street children, with the aim of reducing and preventing this phenomenon;

...

(c) Ensure that street children are reached through trained street educators and counsellors and provided with adequate nutrition, clothing and shelter as well as with social and health services and educational opportunities, including vocational and life skills training, in order to support their full development and provide them with adequate protection and assistance;

(d) Provide street children with adequate recovery and social reintegration services for physical, sexual and substance abuse and promote reunification with their families, when feasible;

(e) Reduce and prevent the environmental health risks faced by children living in the streets, *inter alia*, through raising awareness about environmental health risks among these children and instructing appropriate behaviours which protect them from these risks;

...

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- Bosnia and Herzegovina, CRC, CRC/C/150 (2005) 49 at paras. 249, 251, 254 and 255.

249. The Committee is concerned that the country's complex political structure and the lack of unified laws and policies make equitable access to health-care services for all children increasingly difficult. Furthermore, the Committee takes note, with concern, that one fifth of children are not fully vaccinated and that exclusive breastfeeding is limited to the first three months and only to a limited number of children. Finally, the Committee expresses serious concern that some 90 per cent of Roma have no health insurance, which results in their *de facto* exclusion from access to health care.

...

251. The Committee recommends that the State party undertake all necessary measures to ensure that all children enjoy the same access and quality of health services, with special attention to children belonging to vulnerable groups, especially Roma. Furthermore, the Committee recommends that the State party strengthen its efforts in improving the health situation of children in the State party, including through:

- (a) Strengthening its efforts to ensure that all children have access to basic health-care services;
- (b) Strengthening vaccination programmes;
- (c) Improving the nutritional status of children;
- (d) Promoting exclusive breastfeeding for six months after birth with the addition of appropriate infant diet thereafter;
- (e) Seeking technical assistance from, among others, UNICEF and WHO in this regard.

...

254. The Committee is concerned that high-risk behaviour among young people - (i.e. injecting drug use and risky sexual behaviour) - may expose the State party to serious HIV/AIDS problems in the future. The Committee also notes that this issue was recognized by the Government only in 2002 - with the creation of the National Advisory Board for the prevention of HIV/AIDS and the development of a "Strategy for Preventing and Combating HIV/AIDS in Bosnia and Herzegovina" - whereas it is still not perceived as a threat by most of the population.

255. The Committee recommends that the State party:

- (a) Increase its efforts to prevent the spread of HIV/AIDS, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and

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the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37);

(b) Launch campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups as well as the population at large, so as to reduce discrimination against children infected and affected by HIV/AIDS;

(c) Seek further technical assistance from, *inter alia*, the United Nations Joint Programme on HIV/AIDS and UNICEF.

- Nepal, CRC, CRC/C/150 (2005) 66 at paras. 341-343, 348, 349, 364 and 365.

341. The Committee welcomes the establishment of a working group to implement the Integrated Management of Childhood Illness strategy in 1997 and commends the State party's efforts in improving the immunization coverage for children under 5, including the recent completion of the comprehensive measles vaccination campaign. The Committee nevertheless shares the concerns of the State party that the health and social services are under tremendous resource constraints and that the overall quality and availability of health care available to children in the State party is seriously inadequate, in particular among poor families and in rural areas. In particular, the Committee is concerned about:

(a) High rates of infant, under-five mortality and maternal mortality, and the low life expectancy in the State party;

(b) Continuing threats to survival and development of children by preventable childhood diseases, including diarrhoea, malnutrition, anaemia, intestinal infectious diseases; bacterial infection; measles and pneumonia;

(c) Inadequate prenatal and post-natal care which also constitute factors hindering child survival and development;

(d) Inadequate sanitation and access to safe and clean water, in particular in rural areas, which generally suffer from lack of services;

(e) Low awareness about health, hygiene and sanitation, particularly in rural areas and prevalence of traditional practices which could be harmful to the health of children, such as that of consulting witch doctors instead of modern medical facilities and withholding water from children suffering from diarrhoea.

342. The Committee also notes with concern that little has been done to address the particular health vulnerabilities and needs of children at risk, including street children, child

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labourers, child sex workers and *Dalit* children.

343. The Committee recommends that the State party:

(a) Continue taking all appropriate measures to improve the health infrastructure, including through international cooperation, in order to ensure access to basic health care and services adequately provided with appropriate resources, including basic medicines for all children, and targeting rural areas in particular;

(b) Continue strengthening its efforts to extend immunization coverage to all parts of the country;

(c) Facilitate greater access to primary health-care services;

(d) Continue strengthening measures to combat childhood illnesses, paying particular attention to the needs of children belonging to high-risk groups;

(e) Engage in awareness-raising efforts to provide the general public, in particular, families, children and health-care providers, including traditional health practitioners, with appropriate knowledge of basic first aid and health care;

...

(g) Pursue additional avenues for cooperation and assistance for the improvement of child health with, among other organizations, WHO and UNICEF.

...

348. The Committee notes with concern that certain harmful traditional practices continue to prevail in the State party, most notably the caste system and traditions such as the *Deuki*, *Kumari*, *Jhuma*, *Badi*, *Kamlari* and *Chaupadi*, causing extreme insecurity, health hazards and cruelty to girl children. The Committee regrets the absence of legal prohibition and sufficient interventions on the part of the State party to address the harmful effects of these traditional practices on the enjoyment of rights by children who are affected by these practices.

349. The Committee recommends that the State party, as a matter of urgency, take all necessary measures to eradicate all traditional practices harmful to the physical and psychological well-being of children, by strengthening awareness-raising programmes. The Committee further recommends the State party to adopt legislation prohibiting such practices.

...

364. The Committee expresses concern at the widespread prevalence of alcohol consumption by children, as well as the growing incidence of substance abuse by children, including the use of cannabis, heroin, opiates and intravenous drug use. The Committee is also concerned about the harmful effects of alcohol and substance consumption by parents

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on the physical, emotional and psychological development and well-being of children in the State party. While noting that the Alcohol Act prohibits the selling of alcohol to children aged 16 years or below, the Committee expresses concern that the Act carries no penalty in case of violation, and that legislation prohibiting the use of alcohol by minors is generally ineffectively implemented. It is also concerned at the absence of specific legislation prohibiting sale, use and trafficking of controlled substances by children, and also of treatment programmes in this regard.

365. The Committee recommends that the State party take initiatives to combat drug and alcohol abuse by children, including through public education awareness campaigns and ensure that children who abuse alcohol and/or use drugs and other harmful substances have access to effective structures and procedures for treatment, counselling, recovery and reintegration. The Committee further recommends that parents are educated, through, *inter alia*, awareness-raising campaigns, on the harmful effects of parents' use of alcohol and controlled substances on the development and well-being of children. The Committee urges the State party to adopt the necessary legislation to prohibit sale, use and trafficking of controlled substances by children, and to ensure effective implementation of all legislation prohibiting alcohol and substance use by children.

- Ecuador, CRC, CRC/C/150 (2005) 91 at paras. 439-442.

439. The Committee reiterates the concern raised in its previous concluding observations (CRC/C/15/Add.93) with regard to the damaging effect of oil extraction and the spraying of illegal crops under Plan Colombia on the environment and on the health of children.

440. The Committee recommends that the State party effectively address the problem of pollution and environmental degradation, including by seeking bilateral agreements and international cooperation. It also recommends that the State party strengthen its environmental health education programme.

441. The Committee remains concerned at the increasing number of teenage pregnancies and the number of very young mothers. The Committee is also concerned that adolescents face particular physical health and mental health risks, including violence, drug use and alcohol abuse and sexually transmitted infections (STIs).

442. The Committee recommends that the State party pay particular attention to adolescent health, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child. The Committee recommends that the State party strengthen the existing laws and programmes and in particular:

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- (a) Undertake measures to reduce the rate of teenage pregnancies, in particular through reproductive health education and child-sensitive counselling services;
- (b) Undertake measures to reduce the rate of teenage pregnancies through, *inter alia*, the effective implementation of the Sex Education and Love Act in a gender- and child-sensitive manner;
- (c) Undertake effective measures to prevent sexually transmitted diseases and to combat drug use and alcohol abuse by children, including through public education awareness-raising campaigns and ensure that children who abuse alcohol and/or use drugs have access to effective structures and procedures for treatment, counselling, recovery and reintegration;
- (d) Increase its efforts to promote mental health and counselling services, *inter alia* with a view to addressing suicide among adolescents, and ensuring that such services are accessible to, and appropriate for all adolescents, including indigenous, Afro-Ecuadorian and those living in remote areas.

- Norway, CRC, CRC/C/150 (2005) 105 at paras. 495-500.

495. The Committee remains concerned about the high incidence of eating disorders (bulimia and anorexia nervosa). Furthermore, the Committee is concerned about the growing problems of overweight among children that results from low physical activity combined with poor diet.

496. The Committee recommends that the State party pay close attention to child and adolescent health, taking into account the Committee's general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child. In particular, the Committee recommends that the State party strengthen measures to address the occurrence of eating disorders and promote a healthy lifestyle among adolescents.

497. While welcoming measures taken to strengthen the mental health services for children and young people, the Committee is concerned at the remaining challenges, such as the waiting time for assistance and care. The Committee is also concerned at the shortage of child and adolescent psychiatrists and psychologists.

498. The Committee encourages the State party to speed up the development of mental health care so as to ensure that adequate treatment and care are provided to all children and young people in need without undue delay.

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499. The Committee remains deeply concerned at the high incidence of suicide among adolescents, which accounts for about one out of every four deaths among young women and men.

500. The Committee urges the State party to strengthen the health service resources for people in suicidal crisis and to take measures to prevent suicide among groups that are at risk.

- Mongolia, CRC, CRC/C/150 (2005) 113 at paras. 558-563, 574-576, 584 and 585.

558. While noting with appreciation the State party's efforts to improve primary health care, in particular the prevention of infectious diseases such as measles, meningitis and diphtheria as a result of the successful implementation of the National Immunization Programme 1993-2000, the Committee is nevertheless concerned at the regional disparities in access to health services, the high rates of both maternal mortality and under-5 mortality and regional differences in this respect, and the prevailing situation of malnutrition among children. The Committee notes with concern that the exclusive breastfeeding rate is declining and that the State party has not yet adopted the International Code of Marketing of Breastmilk Substitutes. The poor knowledge of the use and effects of medicines and the limited access to affordable children's pharmaceuticals give cause for some serious concern. The Committee expresses its concern at the poor state of sanitation, environmental pollution problems and the limited access to clean and safe drinking water in the country. Furthermore, the Committee is concerned that children who have migrated from the rural areas of the country and are living without official registration in the capital have a very limited access to health and social services.

559. The Committee strongly recommends that the State party undertake all necessary measures:

(a) To prioritize the allocation of financial and human resources to the health sector, in order to ensure equal access to quality health services by children in all areas of the country, including children living in the most remote areas of the country;

(b) To continue its efforts to improve prenatal care and to significantly reduce maternal and under-5 mortality rates, paying particular attention to mothers and children living in remote areas of the country;

(c) To adopt the International Code of Marketing of Breastmilk Substitutes and to encourage exclusive breastfeeding for six months after birth, with the addition of an appropriate infant diet thereafter;

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- (d) To improve the nutritional status of children, for example through introducing a school nutrition programme, with particular attention to children in rural areas;
- (e) To ensure equal access to safe and affordable pharmaceuticals used in the prevention and treatment of a range of health conditions of children and to raise awareness on the use and effects of medicines;
- (f) To ensure access to safe and clean drinking water and sanitation in all areas of the country and to protect children from the consequences of environmental pollution;
- (g) To pay attention to the health situation of those children who have migrated from the rural areas of the country and who are living without official registration in the capital, in order to facilitate their equal access to all health and social services.

560. The Committee takes note of the State party's efforts to promote adolescent health and health education in schools by implementing the National Reproductive Programme on Student and Adolescent Health and a campaign on the "health-promoting school". However, the Committee is concerned at the limited number of school health services, including the lack of regular physical examinations and statistical data on the status of schoolchildren's health. In addition, the Committee is concerned that insufficient attention has been given to adolescent health in the context of non-communicable diseases related to lifestyle factors, such as tobacco smoking, alcohol consumption and drug abuse.

561. The Committee recommends that the State party pay close attention to adolescent health, taking into account general comment No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child, and strengthen its efforts to promote adolescent health, including sexual and reproductive health education in schools, and to introduce school health services, including youth-sensitive and confidential counselling and care. The Committee recommends that the State party ensure that adolescents not attending school are provided with the same education, information and services for health. In order to decrease tobacco smoking, alcohol consumption and drug abuse among adolescents, the Committee recommends that the State party initiates campaigns, particularly designed for adolescents, on health-behavioural choices.

562. The Committee notes the relatively low HIV infection rate in the country and is encouraged by the State party's efforts to prevent and combat HIV/AIDS and sexually transmitted infections (STIs) by implementing, *inter alia*, the National Strategy to respond to HIV/AIDS, the State Policy on Public Health, the National Reproductive Health Programme, the Law on the Prevention of HIV/AIDS and the National Programme on Communicable Disease. Notwithstanding the positive steps taken by the State party, the Committee expresses its concern about the existing risk factors, such as the growing number of young sex workers, which predispose them to HIV-infection.

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563. In the light of the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child (CRC/GC/2003/3) and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37), the Committee recommends that the State party strengthen its efforts to prevent the spread of HIV/AIDS and continue to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups.

...

574. Notwithstanding the positive steps taken by the State party, the Committee is concerned at the high rate of working children in Mongolia and the various kinds of negative consequences resulting from the exploitation of child labour, including the school dropouts and negative impacts on health caused by the harmful and hazardous work. The high number of child domestic and rural workers and children working in very harmful conditions in gold and coal mines give cause for serious concerns.

575. Furthermore, the Committee is concerned at the hazardous situation of children increasingly involved and exploited in traditional horse racing, which has undergone considerable changes from traditional sports to profitable businesses with child-abusive and exploitative features. In particular, it is concerned, that children, sometimes as young as 8 years old, are involved and that such involvement can generate serious injuries, even fatalities.

576. The Committee recommends that the State party take immediate and effective measures:

(a) To ensure the full implementation of child labour provisions, including the prohibition against employing children in harmful or hazardous work, and the effective prevention of child labour, including child domestic labour and child rural labour, by implementing article 32 of the Convention on the Rights of the Child and ILO Conventions Nos. 138 (1973) and 182 (1999), which the State party has ratified, and by taking into account ILO recommendations Nos. 146 and 190;

...

(d) To influence public attitudes on child labour by undertaking awareness-raising campaigns, particularly for children, parents and other caregivers, on various kinds of negative consequences resulting from the exploitation of child labour, including child domestic labour and rural labour;

(e) To address the issue of child jockeys in traditional horse racing by undertaking a comprehensive study to assess the nature and extent of exploitation of children in the horse-racing business and by explicitly prohibiting the employment of children under the age of 16 as jockeys in these races in line with the minimum age for work set in the labour law;

...

584. The Committee regrets that it has been largely precluded, through lack of information in the report, from examining compliance of the State party's obligations with the rights

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guaranteed under article 30 of the Convention with regard to children belonging to minorities, such as Khazakhs and Tsaatans. The Committee is concerned about the limited enjoyment of their human rights, particularly concerning their access to social and health services and education.

585. The Committee recalls the obligations of the State party under articles 2 and 30 of the Convention and recommends that the State party ensure that children belonging to minorities fully enjoy all of their human rights equally and without discrimination...

- Nicaragua, CRC, CRC/C/150 (2005) 132 at paras. 637-643, 658 and 659.

637. The Committee is extremely concerned about the persistence of a high degree of poverty in the State party, especially in the Caribbean/Atlantic region and in rural areas, which create grievous gaps in access to health and health services between rural and urban zones and the Caribbean/Atlantic region. Serious concern is expressed at the State party's information that about 2.38 million people (out of a total of about 5.37 million) are in a condition of poverty, while 15.1 per cent of the population is in a situation of extreme poverty.

638. Furthermore, the Committee is concerned that:

(a) Only about two thirds of the population have access to clean drinking water and that there is a huge discrepancy between the rates of urban and rural population having access to clean drinking water;

(b) One out of every three children suffers some degree of chronic malnutrition and that about 10 per cent of them are said to suffer from severe malnutrition;

(c) While the Committee notes the progress made in the reduction of infant and child mortality, including the National Plan for the Reduction of Maternal, Perinatal and Infant Mortality of March 2000, it continues to be concerned at the level of infant and child mortality as well as at the high rate of maternal mortality.

639. The Committee recommends that the State party:

(a) Take all possible actions to reduce poverty and equalize living conditions throughout the country, and ensure access to basic goods and services, such as clean drinking water, especially in remote and rural areas;

(b) Ensure basic health care and services to all children throughout the country and urgently address the problem of malnutrition, with special emphasis on rural and remote areas;

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(c) Strengthen its efforts to urgently tackle the grievous issue of infant, child and maternal mortality throughout the country.

640. While the Committee welcomes the enactment of Act No. 238 on the Protection and Defence of Human Rights in the presence of AIDS, as well as the Strategic National Plan against STDs and HIV/AIDS and it is concerned that antiretroviral treatment is not yet guaranteed to the newborn from seropositive mothers and that post-natal care is not provided to the seropositive mother. Furthermore, the Committee is concerned that the presence of HIV/AIDS is particularly high in frontier and harbour zones and that the potential of its spread represents a high, latent risk, despite the fact that official data show a low number of cases.

641. The Committee recommends that the State party:

(a) Increase its efforts to prevent the spread of HIV/AIDS, taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37);

(b) Strengthen its measures to prevent mother-to-child transmission, *inter alia*, through coordination with the activities aimed at reducing maternal mortality;

(c) Guarantee antiretroviral treatment to newborns from HIV/AIDS seropositive mothers as well as post-natal monitoring of seropositive women;

(d) Pay particular attention to children infected by HIV/AIDS or who have become orphans due to the death of HIV/AIDS parents, through providing adequate medical, psychological and material support and by involving the community;

(e) Strengthen its efforts by conducting campaigns and programmes to raise awareness about HIV/AIDS among adolescents, particularly among those belonging to vulnerable groups as well as the population at large, so as to reduce discrimination against children infected and affected by HIV/AIDS;

(f) Ensure the provision of adequate financial and human resources for the effective implementation of the Strategic National Plan against STDs and HIV/AIDS;

(g) Seek further technical assistance from, *inter alia*, the United Nations Joint Programme on HIV/AIDS (UNAIDS) and UNICEF.

642. The Committee is concerned at the high rate of teenage pregnancies and at the lack of adequate sexual and reproductive health services. In this regard, the Committee is also concerned at the information that the authorities reportedly prohibited in 2003 the

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publication of a manual elaborated by experts on sexual education and reproductive health ("Manual for life").

643. In the light of the Committee's general comment No. 4 (2003) on adolescent health and development in the context of the Convention (CRC/GC/2003/4), the Committee recommends that the State party ensure access to reproductive health services to all adolescents and immediately adopt a manual on sexual education and reproductive health which would take into account the above-mentioned general comment of the Committee.

...

658. The Committee is concerned at the endemic abuse of substances among street children and members of youth gangs (*pandillas*).

659. The Committee recommends that the State party establish programmes to prevent and combat substance abuse by street children and members of youth gangs (*pandillas*), including the provision of psychosocial assistance for addicts. The Committee also recommends that the State party seek technical cooperation from, among others, the World Health Organization (WHO) and UNICEF.

- Costa Rica, CRC, CRC/C/150 (2005) 149 at paras. 687, 688, 708-713, 722 and 723.

687. The Committee welcomes the elaboration of the first National Development Plan for Costa Rica's Indigenous People, the translation into indigenous languages of the Childhood and Adolescence Code, the Law against Domestic Violence and the Law on Responsible Paternity, as well as the incorporation of the rights of indigenous people into the National Plan for Children and Adolescents. The Committee is concerned however at the limited access of indigenous children, migrant children and those living in rural areas, to basic education and health services, and at their low standard of living...

688. The Committee encourages the State party to continue to pay due attention to the needs of indigenous people by taking appropriate measures to address the high rate of infant mortality among the indigenous communities, and to substantially increase their level of education and standard of living, and endorses the recommendation of the Committee on the Elimination of Racial Discrimination in that regard (CERD/C/60/CO/3, para. 11)...

...

708. The Committee notes the steps taken by the State party to strengthen the access to health services and information for children with disabilities, and train professionals working in public health institutions on the rights of disabled children, as well as the efforts to include children with disabilities in regular school, the prenatal and post-natal screening programmes. The Committee remains concerned, however, at the limited coverage of this progress to the economically disadvantaged and rural populations.

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709. The Committee recommends that the State party continue to expand programmes for children with disabilities including the prenatal and post-natal screening programmes, and ensure their access, *inter alia* through mobile clinics, to economically disadvantaged people in rural areas. The Committee further recommends that the State party strengthen its policy to integrate children in regular schools.

710. The Committee welcomes the efforts made by the State party to combat infant mortality and strengthen the immunization coverage at the country level, as well as the progress made by the State party with respect to basic health-care coverage. It remains concerned however at the regional inequality in access to health services, in particular for adolescents.

711. The Committee recommends that the State party continue to take all appropriate measures to ensure access to basic health care for all children and adolescents at the country level, and that priority be given to regions and communities with the lowest coverage rates. The Committee further recommends that the State party seek the technical cooperation of UNICEF in this respect.

712. The Committee notes with appreciation the measures taken by the State party to implement its recommendation to develop adolescent-sensitive health policies and strengthen reproductive health education and services in order, *inter alia*, to prevent and reduce teenage pregnancies, and to enhance the prevention of substance abuse among adolescents. The Committee is concerned however that the number of teenage pregnancies remains significantly high.

713. The Committee recommends that the State party continue to strengthen reproductive health education in secondary schools such as “Young Love” to prevent teenage pregnancies. The Committee also recommends that professional and administrative staff be adequately trained in order to improve their interactions with teenage mothers.

...

722. While noting the provision of the Juvenile Justice Law allowing the rehabilitation of convicted children and/or adolescents suffering from drug addiction as an alternative to imprisonment, the Committee is concerned at the scarcity of treatment centres for drug addiction which also limits the possibility of placing children in conflict with the law.

723. The Committee recommends that the State party continue with the development of voluntary drug rehabilitation programmes. The Committee further recommends that the State party take administrative, social and educational measures to protect children from substance abuse and prevent the use of children in the illicit production and trafficking of such substances.

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- Yemen, CRC, CRC/C/150 (2005) 161 at paras. 785, 786, 789, 790, 799 and 800.

785. The Committee notes the efforts undertaken by the State party in the area of basic health and welfare, such as the immunization programme and control of diarrhoeal diseases, and the consequent improvements such as, *inter alia*, the decrease in the infant and under-five mortality rates. The Committee also welcomes the adoption of a Strategy for the Integrated Management of Childhood Illnesses (IMCI). However, the Committee is deeply concerned about the health situation and the fact that only 50 per cent of the population has access to health services. Particular matters of concern are:

- (a) The relatively low spending on health in the State party;
- (b) The insufficient focus on preventive health care;
- (c) The still-high infant, under-five, and maternal mortality rates, partly due to the weak antenatal and post-natal care and maternal malnutrition;
- (d) The high prevalence of malnutrition among children;
- (e) The poor provision of health care, particularly in rural areas, due to lack of necessary support structures such as education, communication, transport and other facilities; and
- (f) The high population growth rate.

786. The Committee recommends that the State party:

- (a) Allocate appropriate financial and human resources to the area of health, with special attention to hiring female health workers and developing and implementing comprehensive policies and programmes to improve the health situation of children;
- (b) Emphasize the role of preventive health care;
- (c) Continue to strengthen the efforts to decrease the infant, under-five, and maternal mortality rates through, *inter alia*, providing adequate ante- and post-natal care;
- (d) Improve access to health care, especially within rural areas, through coordinated and comprehensive health-care strategies with time-bound targets; and
- (e) Improve access to family planning involving both men and women.

...

789. While taking note of the efforts made by the State party to address the issue of female genital mutilation (FGM) and harmful traditional practices, the Committee reiterates its

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concern at the existence of harmful traditional practices in certain regions of the State party, including FGM, early marriages and deprivation of education.

790. The Committee recommends that the State party, as a matter of urgency, undertake all necessary measures to eradicate harmful traditional practices, particularly those affecting the girl child, and those harmful to the physical and psychological well-being of children.

...

799. The Committee is concerned at the high number of people chewing *quat* among whom are a significant number of children.

800. The Committee recommends that the State party consider *quat* as a dangerous substance and take all necessary measures to raise awareness on the risks of its consumption and to prohibit access to it by children.